

2013 PRC Community Health Needs Assessment Report

THE RAPIDES FOUNDATION SERVICE AREA

*Allen Parish • Avoyelles Parish • Catahoula Parish •
Grant Parish • LaSalle Parish • Natchitoches Parish •
Rapides Parish • Vernon Parish • Winn Parish*

Sponsored by

The Rapides Foundation



Professional Research Consultants, Inc.

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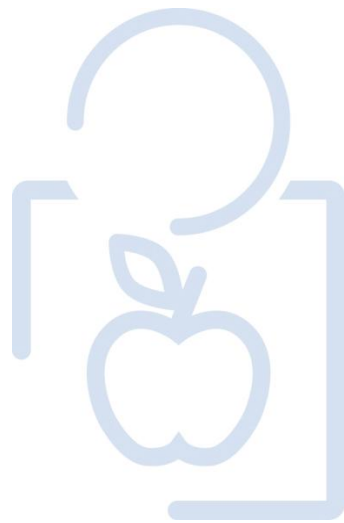
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INTRODUCTION



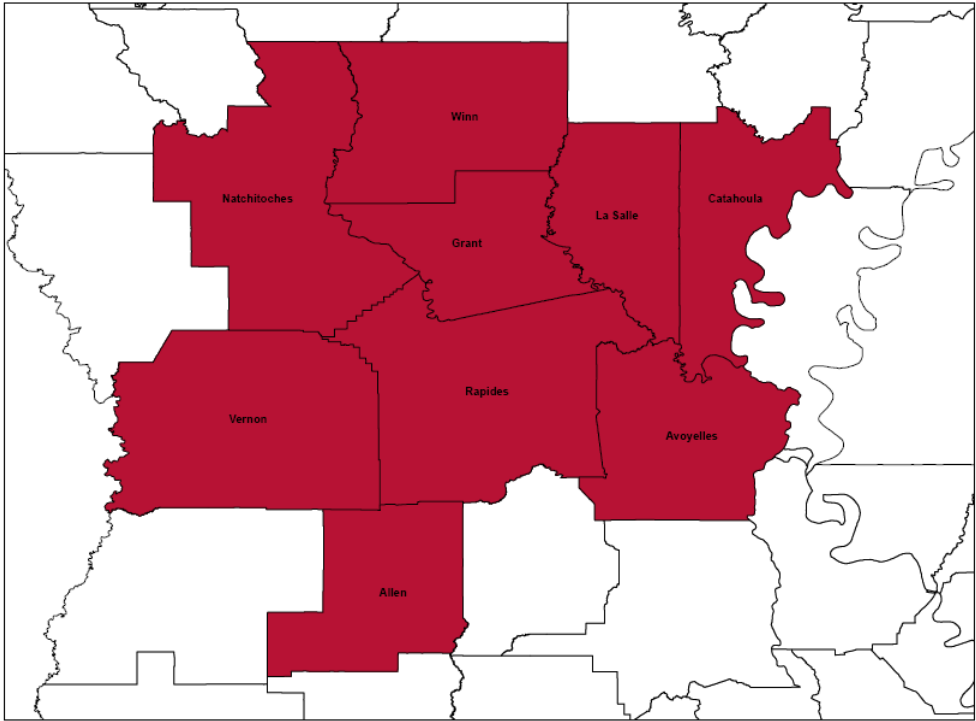
Project Overview

Project Goals

This Community Health Needs Assessment — a follow-up to similar research conducted in the area in 2002, 2005 and 2010 — is a systematic, data-driven approach to determining the health status, behaviors and needs of residents in the service area of The Rapides Foundation. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

Community Defined for This Assessment

The study area for this effort is defined as the nine-parish Rapides Foundation Service Area (RFSA) in Central Louisiana, including Allen, Avoyelles, Catahoula, Grant, LaSalle, Natchitoches, Rapides, Vernon and Winn parishes. A geographical description of the study area is illustrated in the following map.



Methodology

2013 PRC Community Health Survey

Survey Instrument

The survey instrument used for this study is based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion and disease prevention objectives and other recognized health issues. The final survey instrument was developed by The Rapides

Foundation and Professional Research Consultants (PRC), and is similar to the previous surveys used in the region, allowing for data trending.

Sample Approach & Design

A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the *2013 PRC Community Health Survey*. Thus, to ensure the best representation of the population surveyed, a telephone interview methodology (which includes both landlines and cell phones) was employed. The primary advantages of telephone interviewing are timeliness, efficiency and random-selection capabilities.

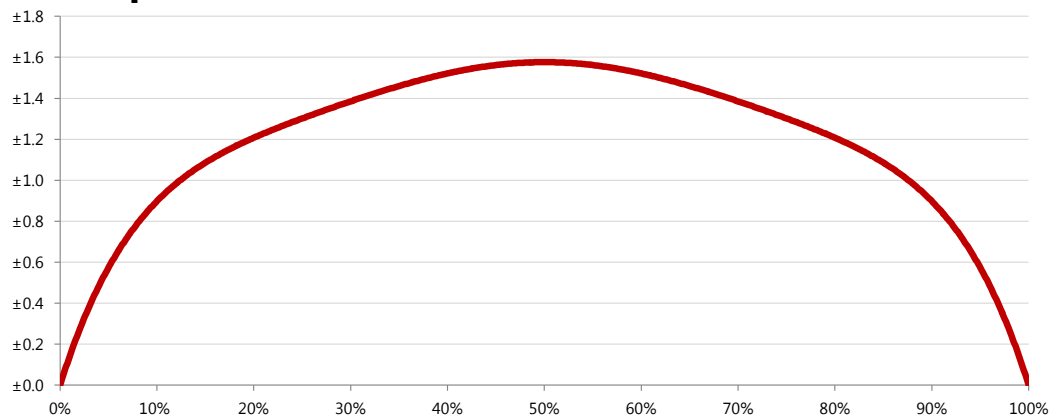
The sample design used for this effort consisted of a stratified random sample of 3,742 individuals age 18 and older. A total of 750 interviews were targeted in Rapides Parish, and 400 in each of the remaining parishes — the final numbers of interviews achieved are as follows: Allen Parish (400 surveys); Avoyelles Parish (400); Catahoula Parish (275); Grant Parish (401); LaSalle Parish (304); Natchitoches Parish (400); Rapides Parish (760); Vernon Parish (401); and Winn Parish (401). Once these data were collected, the sample was weighted in proportion to the actual population distribution at the parish level so that estimates better reflect the region as a whole. Population estimates were based on census data of adults age 18 and over provided through *GeoLytics Demographic Estimates and Projections*.

All administration of the surveys, data collection and data analysis was conducted by Professional Research Consultants, Inc. (PRC).

Sampling Error

For statistical purposes, the maximum rate of error associated with a sample size of 3,742 respondents is $\pm 1.6\%$ at the 95 percent level of confidence.

Expected Error Ranges for a Sample of 3,742 Respondents at the 95 Percent Level of Confidence

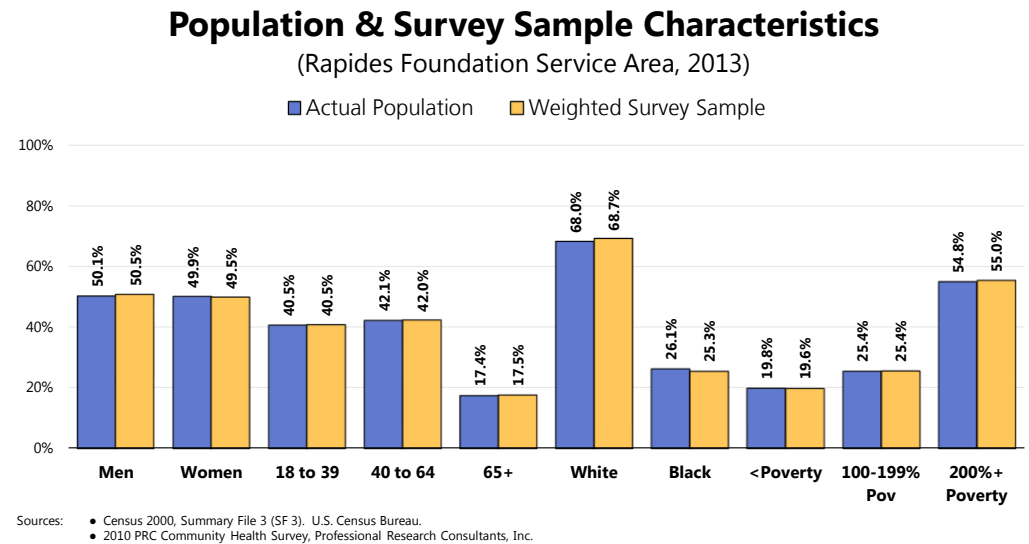


- Note:
- The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response.
 - A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.
- Examples:
- If 10% of the sample of 3,742 respondents answered a certain question with a "yes," it can be asserted that between 9.1% and 10.9% ($10\% \pm 0.9\%$) of the total population would offer this response.
 - If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 48.4% and 51.6% ($50\% \pm 1.6\%$) of the total population would respond "yes" if asked this question.

Sample Characteristics

To accurately represent the population studied, PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. And, while this random sampling of the population produces a highly representative sample, it is a common and preferred practice to “weight” the raw data to improve this representativeness even further. This is accomplished by adjusting the results of a random sample to match the demographic characteristics of the population surveyed (poststratification), so as to eliminate any naturally occurring bias. Specifically, once the raw data are gathered, respondents are examined by key demographic characteristics (namely gender, age, race, ethnicity, and poverty status) and a statistical application package applies weighting variables that produce a sample which more closely matches the population for these characteristics. Thus, while the integrity of each individual’s responses is maintained, one respondent’s responses may contribute to the whole the same weight as, for example, 1.1 respondents. Another respondent, whose demographic characteristics may have been slightly oversampled, may contribute the same weight as 0.9 respondents.

The following chart outlines the characteristics of the nine-parish RFSA sample for key demographic variables, compared to actual population characteristics revealed in census data. [Note that the sample consisted solely of area residents age 18 and older; data on children were given by proxy by the person most responsible for that child’s healthcare needs, and these children are not represented demographically in this chart.]



Further note that the poverty descriptions and segmentation used in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household (e.g., the 2013 guidelines – the most current available – place the poverty threshold for a family of four at \$23,550 annual household income or lower). In sample segmentation: “Very Low Income” refers to community members living in a household with defined poverty status; “Low Income” includes those households living just above the poverty level, earning up to twice the poverty threshold; and “Middle/High Income” refers to households with incomes more than twice the poverty threshold defined for the household size.

The sample design and the quality control procedures used in the data collection ensure that the sample is representative. Thus, the findings may be generalized to the total population of community members in the defined area with a high degree of confidence.

Public Health, Vital Statistics & Other Data

A variety of existing (secondary) data sources was consulted to complement the research quality of this Community Health Needs Assessment. Data for the Rapides Foundation Service Area were obtained from the following sources (specific citations are included with the graphs throughout this report):

- Agenda for Children/KIDS COUNT Data Center
- Centers for Disease Control & Prevention
- ESRI BIS Demographic Portfolio (Projections Based on the US Census)
- Louisiana Department of Health and Hospitals Office of Public Health
- Louisiana State Center for Health Statistics
- National Center for Health Statistics

Benchmark Data

Trending

Similar surveys were administered in the region in 2002, 2005 and 2010 by PRC on behalf of The Rapides Foundation. Trending data, as revealed by comparison to prior results, are provided throughout this report whenever available.

Louisiana Risk Factor Data

Statewide risk factor data are provided where available as an additional benchmark against which to compare local findings. These data are reported in the most recent *BRFSS (Behavioral Risk Factor Surveillance System) Prevalence and Trend Data* published by the Centers for Disease Control and Prevention and the US Department of Health & Human Services. NOTE: Because the CDC implemented changes to the BRFSS weighting methodology in 2011, state findings might not be directly comparable to the regional or national findings outlined in this report.

Nationwide Risk Factor Data

Nationwide risk factor data, which are also provided in comparison charts, are taken from the *2013 PRC National Health Survey* (as well as previous PRC National Health Surveys). The methodological approach for the national study is identical to that employed in this assessment, and these data may be generalized to the US population with a high degree of confidence.

Healthy People 2020



Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. The Healthy People initiative is grounded in the principle that setting national objectives and monitoring progress can motivate action. For three decades, Healthy People has established benchmarks and monitored progress over time in order to:

- Encourage collaborations across sectors.
- Guide individuals toward making informed health decisions.
- Measure the impact of prevention activities.

Healthy People 2020 is the product of an extensive stakeholder feedback process that is unparalleled in government and health. It integrates input from public health and prevention experts, a wide range of federal, state and local government officials, a consortium of more than 2,000 organizations, and perhaps most importantly, the public. More than 8,000 comments were considered in drafting a comprehensive set of Healthy People 2020 objectives.

Key Informant Focus Groups

As part of the community health assessment, five focus groups were held September 12-13, 2012 and eight were held March 19-21, 2013. In all, the focus groups included 93 key informants, including: representatives from public health; physicians; other health professionals; social service providers; and other community leaders.

In September 2012, one group was held in each of Grant and Avoyelles parishes, each including a mix of these types of individuals. Two groups were held in Rapides Parish, one among physicians and other healthcare professionals, and one among social service providers and other community leaders. A fifth group was held among members of a Community Health Needs Assessment Advisory Committee established as part of the process.

In March 2013, one group was held in each of Natchitoches, Winn, LaSalle, Catahoula, Vernon, and Allen parishes, each including a mix of individuals. Two additional groups were held in Rapides Parish, one among physicians and one among nine young adults living in Rapides Parish — these youth were asked to participate based on their involvement with either the local YWCA or Zion Hill Church (parental permission was also obtained prior to participation).

A list of recommended participants for the focus groups was provided by the sponsors. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall. Participants included a representative of public health as well as several individuals who work with low income, minority or other medically underserved populations, and those who work with persons with chronic disease conditions.

Focus group candidates were first contacted by letter to request their participation. Follow-up phone calls were then made to ascertain whether they would be able to attend. Confirmation calls were placed the day before the groups were scheduled to ensure a reasonable turnout.

Audio from the focus groups sessions was recorded, from which verbatim comments in this report are taken. There are no names connected with the comments, as participants were asked to speak candidly and assured of confidentiality.

NOTE: These findings represent qualitative rather than quantitative data. The groups were designed to gather input from participants regarding their opinions and perceptions of the health of the residents in the area. Thus, these findings are based on perceptions, not facts.

Information Gaps

While this assessment is quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community's health needs.

For example, certain population groups — such as the homeless, institutionalized persons, or those who only speak a language other than English or Spanish — are not represented in the survey data. Other population groups — for example, pregnant women, lesbian/gay/bisexual/transgender residents, undocumented residents, and members of certain racial/ethnic or immigrant groups — might not be identifiable or might not be represented in numbers sufficient for independent analyses.

In terms of content, this assessment was designed to provide a comprehensive and broad picture of the health of the overall community. However, there are certainly a great number of medical conditions that are not specifically addressed.

Summary of Findings

Significant Trends in the RFSA

The following table highlights both positive and negative trends observed in health indicators in comparison with baseline data.

TREND SUMMARY


(Current vs. Baseline Data)

Survey Data Indicators:

Trends for survey-derived indicators represent significant changes since 2002 (or 2005 or 2010, for questions not asked in earlier years).



Other Data Indicators:

Trends for other indicators (e.g., public health data) represent point-to-point changes between the most current reporting period and the earliest presented in this report (typically representing the span of 10 to 15 years).

	 FAVORABLE TRENDS	 UNFAVORABLE TRENDS
Access to Healthcare Services	<ul style="list-style-type: none"> Lack of Healthcare Coverage Prescription Drug Coverage Coverage of Both Hospital & Dr Visits Overall Difficulty Accessing Healthcare (For Both Adults & Children) Specific Barriers to Care (<i>Inconvenient Hours, Cost of Dr. Visits, Cost of Prescriptions, Appointment Availability, Transportation</i>) Children's Routine Medical Checkups Use of the Emergency Room 	
Alzheimer's Disease		<ul style="list-style-type: none"> Alzheimer's Disease Deaths
Arthritis	<ul style="list-style-type: none"> Prevalence of Arthritis/Rheumatism 	
Cancer	<ul style="list-style-type: none"> Cancer Deaths Sigmoidoscopy/Colonoscopy Prevalence of Cancer 	<ul style="list-style-type: none"> Mammograms (Age 50-74) Pap Smears (age 21-65) Blood Stool Exams (Age 50+)
Diabetes	<ul style="list-style-type: none"> Diabetes Deaths 	<ul style="list-style-type: none"> Prevalence of Diabetes
Family Planning	<ul style="list-style-type: none"> Births to Teens 	<ul style="list-style-type: none"> Births to Unwed Mothers
Heart Disease	<ul style="list-style-type: none"> Heart Disease Deaths Stroke Deaths Cholesterol Screening Taking Action to Control Cholesterol 	<ul style="list-style-type: none"> Prevalence of Heart Disease Prevalence of Stroke Hypertension High Blood Cholesterol
HIV/AIDS	<ul style="list-style-type: none"> HIV/AIDS Deaths 	<ul style="list-style-type: none"> HIV/AIDS Incidence Recent HIV Testing
Immunization & Infectious Disease	<ul style="list-style-type: none"> Mumps Incidence Pertussis Incidence Hepatitis C Incidence Tuberculosis Incidence Flu Shots (Seniors 65+) Pneumonia Vaccines (Seniors 65+) 	
Injury & Violence	<ul style="list-style-type: none"> Motor Vehicle Crash Deaths Seat Belt Usage (Adults & Children) Firearm-Related Deaths Homicides 	<ul style="list-style-type: none"> Domestic Violence Victimization
Housing		<ul style="list-style-type: none"> "Fair/Poor" Housing Affordability
Infant Health	<ul style="list-style-type: none"> Prenatal Care Infant/Neonatal Deaths 	<ul style="list-style-type: none"> Low-Weight Births
Mental Health	<ul style="list-style-type: none"> Persons With Depression Seeking Help 	
Oral Health		<ul style="list-style-type: none"> Recent Dental Visits
Nutrition & Overweight	<ul style="list-style-type: none"> Fruit/Vegetable Consumption Ease of Obtaining Fresh Produce Overweight Adults Trying to Lose Childhood Overweight/Obesity Sugar-Sweetened Drinks (Children) 	<ul style="list-style-type: none"> Overweight/Obesity
Overall Health	<ul style="list-style-type: none"> Days of Activity Limitation Mortality, All Causes 	<ul style="list-style-type: none"> "Fair/Poor" Overall Health Activity Limitations

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	 FAVORABLE TRENDS	 UNFAVORABLE TRENDS
Physical Activity & Fitness	<ul style="list-style-type: none">• Moderate & Vigorous Physical Activity• Children’s Television Viewing Time	<ul style="list-style-type: none">• Regular Walking• Children’s Non-TV Screen Time• Children’s Moderate Physical Activity
Respiratory Disease	<ul style="list-style-type: none">• Pneumonia/Influenza Deaths	<ul style="list-style-type: none">• Prevalence of Chronic Lung Disease
STDs	<ul style="list-style-type: none">• Gonorrhea Incidence• Syphilis Incidence• Hepatitis B Incidence	<ul style="list-style-type: none">• Chlamydia Incidence
Substance Abuse	<ul style="list-style-type: none">• Cirrhosis/Liver Disease Deaths• Drinking & Driving/Riding With a Drunk Driver• Seeking Professional Help	<ul style="list-style-type: none">• Chronic Drinking• Drug-Induced Deaths
Tobacco Use	<ul style="list-style-type: none">• Smoking in the Home (Including Homes w/Children and Non-Smokers)	<ul style="list-style-type: none">• Belief That People “Definitely” Should Not Smoke

Top Community Health Concerns Among Focus Group Participants

Among Community Key Informants

At the conclusion of each key informant focus group, participants were asked to write down what they individually perceive as the top five health priorities for the community, based on the group discussion as well as on their own experiences and perceptions. Their responses were collected, categorized and tallied to produce the top-ranked priorities as identified among key informants. These should be used to complement and corroborate findings that emerge from the quantitative dataset.

1. **Access to Healthcare Services, Including Transportation**
2. **Health Education**
3. **Obesity, Including Nutrition**
4. **Mental Health**
5. **Substance Abuse**

Among Youth Participants

Similarly, participants in the youth focus group ranked the following as the top concerns for adolescents in the region:

1. **Drugs & Alcohol**
2. **Food Choices**
3. **Physical Activity**
4. **Bullying**
5. **Smoking**

Comparisons With Benchmark Data

The following tables provide an overview of indicators in the Rapides Foundation Service Area (RFSa), including comparisons among the individual parishes. These data are grouped to correspond with the Focus Areas presented in Healthy People 2020.

Reading the Summary Tables

- In the following charts, RFSa results are shown in the larger, blue column.
- The green columns [to the left of the RFSa column] provide comparisons among the nine parishes, identifying differences for each as “better than” (☀️), “worse than” (🌧️), or “similar to” (☁️) the combined opposing areas.
- The orange columns to the right of the RFSa column provide comparisons between the RFSa and any available state and national findings, as well as Healthy People 2020 targets. Symbols indicate whether the RFSa compares favorably (☀️), unfavorably (🌧️), or comparably (☁️) to these external data.
- The pink column (far right) provides trending results. Symbols indicate whether the RFSa has changed favorably (☀️), unfavorably (🌧️), or is statistically unchanged (☁️) compared to baseline data (i.e., the earliest data presented in this report).

Each Parish vs. Others Combined

Access to Health Services	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn
% [Age 18-64] Lack Health Insurance	26.0	26.3	36.5	23.6	16.1	25.0	21.6	15.1	19.3
% [65+] With Medicare Supplement Insurance	64.9	61.5	59.3	61.9	56.5	61.1	67.1	81.4	61.5
% [Insured/No Medicare] Insurance Covers Prescriptions	93.8	95.6	89.9	95.0	95.8	97.7	92.9	95.7	95.0
[Insured] Insurance Covers Both Dr/Hosp Visits	98.8	97.3	95.5	95.8	98.8	99.3	98.4	97.0	97.0
% Difficulty Accessing Healthcare in Past Year (Composite)	40.1	40.5	37.1	37.8	35.3	39.3	34.9	34.3	37.5
% Inconvenient Hrs Prevented Dr Visit in Past Year	12.3	10.0	9.1	13.6	9.4	13.8	10.3	11.9	10.4
% Cost Prevented Getting Prescription in Past Year	18.7	10.0	9.1	13.6	9.4	13.8	10.3	11.9	10.4
% Cost Prevented Physician Visit in Past Year	15.8	17.3	20.5	22.8	17.2	18.5	13.5	12.6	17.7
% Difficulty Getting Appointment in Past Year	17.7	13.3	11.4	13.7	12.4	10.3	13.3	14.6	14.2
% Difficulty Finding Physician in Past Year	11.9	10.1	10.8	15.4	6.0	16.6	9.2	10.5	9.3
% Transportation Hindered Dr Visit in Past Year	7.6	11.9	10.7	9.1	14.3	9.8	6.1	8.0	11.6
% Difficulty Getting Child's Healthcare in Past Year	3.9	0.5	1.2	10.0	11.9	0.5	0.7	0.9	5.1
% [Age 18+] Have a Specific Source of Ongoing Care	79.1	74.5	77.9	68.4	80.3	74.5	70.6	77.8	73.3
% [Age 18-64] Have a Specific Source of Ongoing Care	79.5	72.7	78.5	66.4	78.3	71.4	69.7	75.6	70.8
% [Age 65+] Have a Specific Source of Ongoing Care	76.1	81.3	74.3	79.6	88.5	86.9	75.5	91.8	85.2

RFSA	RFSA vs. Benchmarks			TREND
	vs. LA	vs. US	vs. HP2020	
22.1	26.8	15.1	0.0	25.7
65.4	68.1			62.1
94.5				90.3
97.9				96.2
36.8	39.9			42.3
11.2	15.4			14.0
16.7	15.8			22.8
15.7	18.2			18.2
13.4	17.0			16.8
10.9	11.0			12.1
8.5	9.4			10.1
2.2	6.0			4.7
73.8	76.3		95.0	72.2
72.3	75.6		89.4	
80.7	80.0		100.0	

Access to Health Services (continued)

Each Parish vs. Others Combined

	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn
% Have Had Routine Checkup in Past Year	64.5	71.1	73.9	75.1	74.6	70.8	70.3	66.0	71.7
% Child Has Had Checkup in Past Year	88.0	93.1	96.4	91.3	90.1	92.5	88.6	88.9	83.1
% Two or More ER Visits in Past Year	12.4	13.2	6.8	14.3	9.0	14.6	12.5	10.1	10.9

Note: In the green section, each parish is compared against all others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

RFSA	RFSA vs. Benchmarks			TREND
	vs. LA	vs. US	vs. HP2020	
70.1				
89.7				
12.2				

better similar worse

Vision

Each Parish vs. Others Combined

	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn
% Eye Exam in Past 2 Years	52.1	57.7	51.8	55.9	41.9	48.9	64.7	54.2	46.5

Note: In the green section, each parish is compared against all others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

RFSA	RFSA vs. Benchmarks			TREND
	vs. LA	vs. US	vs. HP2020	
56.9				

better similar worse

Oral Health

Each Parish vs. Others Combined

	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn
% [Age 18+] Dental Visit in Past Year	45.4	46.6	45.4	47.3	48.3	52.2	55.3	56.3	50.3
% Child [Age 2-17] Dental Visit in Past Year	84.0	85.2	91.4	77.0	85.2	86.1	90.4	83.4	61.1

Note: In the green section, each parish is compared against all others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

RFSA	RFSA vs. Benchmarks			TREND
	vs. LA	vs. US	vs. HP2020	
52.0				
85.6				

better similar worse

Heart Disease & Stroke

Each Parish vs. Others Combined

	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn
Diseases of the Heart (Age-Adjusted Death Rate)	140.8	268.0	415.6	156.3	302.3	219.1	254.8	259.3	283.5
Stroke (Age-Adjusted Death Rate)	41.3	46.1	49.8	39.8	72.6	31.1	63.9	34.8	40.5









































































RFSA	RFSA vs. Benchmarks			TREND
	vs. LA	vs. US	vs. HP2020	
246.6				
49.4				


























Heart Disease & Stroke (continued)	Each Parish vs. Others Combined								
	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn
% Heart Disease (Heart Attack, Angina, Coronary Disease)	9.5	8.1	13.1	11.2	11.9	5.6	11.4	8.4	10.0
% Stroke	4.7	4.1	7.5	3.6	6.5	4.6	3.5	4.0	5.5
% Blood Pressure Checked in Past 2 Years	95.7	97.4	92.1	94.4	98.6	96.7	95.8	96.4	94.1
% Told Have High Blood Pressure (Ever)	40.4	46.4	52.9	42.5	41.8	43.3	45.5	39.0	53.8
% [HBP] Taking Action to Control High Blood Pressure	98.4	98.1	98.1	89.1	94.5	86.3	93.6	89.0	90.1
% Cholesterol Checked in Past 5 Years	88.9	88.0	86.2	91.2	86.7	83.3	87.8	83.3	83.8
% Told Have High Cholesterol (Ever)	36.8	37.6	39.8	35.8	33.6	31.1	34.4	28.1	31.6
% [HBC] Taking Action to Control High Blood Cholesterol	85.0	84.3	85.4	89.5	81.2	89.7	87.8	81.9	87.8
% 1+ Cardiovascular Risk Factor	91.6	91.6	94.3	88.4	89.2	90.5	89.6	89.1	94.6
Note: In the green section, each parish is compared against all others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.									














































RFSA	RFSA vs. Benchmarks			TREND
	vs. LA	vs. US	vs. HP2020	
9.8		6.1		7.7
4.2	3.8	3.9		2.7
96.1		91.0	92.6	96.0
44.3	38.4	34.1	26.9	34.5
93.0		89.2		86.3
86.7	74.1	86.6	82.1	80.7
33.8	38.8	29.9	13.5	24.6
86.4		81.4		70.4
90.3		82.3		90.0
better similar worse				















Cancer	Each Parish vs. Others Combined								
	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn
Cancer (Age-Adjusted Death Rate)	167.1	249.2	199.6	214.6	215.5	176.1	193.5	237.0	218.7
Lung Cancer (Age-Adjusted Death Rate)	43.5	72.8	72.4	77.9	72.1	57.3	63.6	72.3	69.2
Prostate Cancer (Age-Adjusted Death Rate)		36.3		32.7	38.3	21.6	25.2	27.1	48.4
Female Breast Cancer (Age-Adjusted Death Rate)	15.4	28.1		19.0	29.8	20.6	24.8	20.2	28.8

RFSA	RFSA vs. Benchmarks			TREND
	vs. LA	vs. US	vs. HP2020	
203.6	200.6	174.2	160.6	231.4
65.3	62.7	51.6	45.5	
28.9	29.5	25.0	21.2	
23.8	27.5	23.9	20.6	

Cancer (continued)	Each Parish vs. Others Combined								
	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn
Colorectal Cancer (Age-Adjusted Death Rate)	 16.3	 28.1	 20.8	 22.8	 27.3	 23.8	 19.6	 20.5	 19.5
% Cancer	 5.9	 7.2	 5.8	 11.1	 9.1	 6.7	 5.5	 6.4	 9.1
% [Men 50+] Prostate Exam in Past 2 Years	 75.3	 72.2	 90.0	 68.0	 69.9	 75.1	 72.7	 75.8	 75.3
% [Women 50-74] Mammogram in Past 2 Years	 76.1	 68.7	 77.5	 73.7	 71.0	 78.5	 76.3	 65.4	 69.9
% [Women 21-65] Pap Smear in Past 3 Years	 75.3	 71.5	 84.3	 75.1	 76.8	 83.5	 79.4	 78.5	 81.8
% [Age 50+] Sigmoid/Colonoscopy Ever	 70.1	 66.8	 75.6	 63.4	 68.2	 67.5	 71.8	 67.0	 69.2
% [Age 50+] Blood Stool Test in Past 2 Years	 44.6	 28.7	 36.3	 28.4	 26.7	 32.9	 32.8	 26.9	 26.5
% [Age 50-75] Colorectal Cancer Screening	 71.7	 67.9	 82.0	 64.2	 67.7	 65.8	 67.9	 64.5	 67.3
Note: In the green section, each parish is compared against all others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.									

RFSA	RFSA vs. Benchmarks			TREND
	vs. LA	vs. US	vs. HP2020	
21.6	 20.8	 17.7	 14.5	
6.7				 9.3
73.8		 75.0		 77.6
73.5	 78.5	 83.6	 81.1	 79.9
78.5	 83.1	 83.9	 93.0	 86.1
69.3	 60.8	 75.2		 45.4
31.7	 19.1	 36.9		 41.7
67.7		 75.1	 70.5	
 better  similar  worse				

Respiratory Diseases	Each Parish vs. Others Combined								
	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn
CLRD (Age-Adjusted Death Rate)	 52.1	 45.7	 31.7	 65.0	 52.1	 40.4	 44.1	 56.0	 61.5
Pneumonia/Influenza (Age-Adjusted Death Rate)	 27.4	 21.0	 39.6	 21.3	 32.5	 26.7	 27.0	 18.7	 37.3
% Chronic Lung Disease	 9.7	 11.4	 12.1	 13.2	 15.8	 11.5	 15.1	 12.6	 11.0
% [Adult] Currently Has Asthma	 9.3	 9.0	 14.0	 11.6	 7.8	 7.6	 8.4	 10.4	 5.3
% Child [Age 0-17] Asthma (Ever Diagnosed)	 7.8	 14.1	 7.0	 17.3	 10.2	 16.4	 17.5	 11.3	 16.4

RFSA	RFSA vs. Benchmarks			TREND
	vs. LA	vs. US	vs. HP2020	
47.8	 43.4	 43.2		 47.4
25.4	 20.6	 16.4		 39.5
13.1	 6.9	 8.6		 10.8
9.0	 6.4	 9.4		 8.2
14.6		 12.5		 16.9

Respiratory Diseases (continued)

Each Parish vs. Others Combined

	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn
% [Child 0-17] Currently Has Asthma	1.0	10.7	5.2	13.2	8.8	5.7	10.9	7.0	6.1
Note: In the green section, each parish is compared against all others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.									

RFSA	RFSA vs. Benchmarks			TREND
	vs. LA	vs. US	vs. HP2020	
8.6		7.1		
	better	similar	worse	

Injury & Violence Prevention

Each Parish vs. Others Combined

	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn
Unintentional Injury (Age-Adjusted Death Rate)	46.3	50.2	102.2	83.5	62.8	57.0	46.2	44.4	48.3
Motor Vehicle Crashes (Age-Adjusted Death Rate)	21.5	23.1	48.7	31.6	27.6	29.9	19.2	25.2	24.6
% "Always" Wear Seat Belt	83.7	81.8	77.5	76.0	75.5	84.0	88.1	85.7	72.3
% Child [Age 0-17] "Always" Uses Seat Belt/Car Seat	93.0	81.8	84.3	96.4	80.4	86.0	97.1	96.5	80.0
% Child [Age 5-17] "Always" Wears Bicycle Helmet	21.3	9.5	38.7	16.4	13.0	13.7	15.5	30.6	16.0
Firearm-Related Deaths (Age-Adjusted Death Rate)	13.0	11.8		13.6	16.5	18.4	13.9	9.8	
% Firearm in Home	71.3	59.2	61.4	73.0	67.5	57.0	55.6	62.7	67.1
% [Homes With Children] Firearm in Home	69.3	63.8	48.6	74.3	64.3	56.7	53.6	60.9	63.8
% [Homes With Firearms] Weapon(s) Unlocked & Loaded	22.7	16.2	21.7	34.4	25.8	27.5	22.5	26.6	24.1
Homicide (Age-Adjusted Death Rate)		5.3				10.4	9.1	4.8	
% Victim of Violent Crime in Past 5 Years	0.7	3.1	3.8	4.5	1.2	2.7	1.8	0.9	2.5
% Victim of Domestic Violence (Ever)	7.3	13.4	6.5	13.7	14.9	14.9	15.3	16.3	8.1
Note: In the green section, each parish is compared against all others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.									

RFSA	RFSA vs. Benchmarks			TREND
	vs. LA	vs. US	vs. HP2020	
52.1	49.1	38.2	36.0	54.3
23.4	18.5	11.9	12.4	27.2
83.8	95.2	84.8	92.0	68.2
92.2		92.2		81.4
18.3		48.7		
13.4	18.6	10.2	9.2	15.3
60.6		34.7		
59.2		37.4		
24.0		16.8		
7.1	12.3	5.6	5.5	11.3
2.1		2.8		2.7
13.8		15.0		11.1
	better	similar	worse	

Diabetes

Each Parish vs. Others Combined

	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn
Diabetes Mellitus (Age-Adjusted Death Rate)	31.1	16.4	26.3	48.5	21.9	22.6	13.1	44.3	48.7
% Diabetes/High Blood Sugar	11.5	11.9	17.2	19.5	13.8	13.4	15.0	11.6	16.0
Note: In the green section, each parish is compared against all others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.									

RFSA	RFSA vs. Benchmarks			TREND
	vs. LA	vs. US	vs. HP2020	
24.0	28.2	21.3	20.5	27.3
14.1	11.8	11.7		9.9
better similar worse				

Chronic Kidney Disease

Each Parish vs. Others Combined

	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn
Kidney Disease (Age-Adjusted Death Rate)	18.8	27.5	30.3	30.7	17.2	36.5	22.6	20.5	25.7
Note: In the green section, each parish is compared against all others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.									

RFSA	RFSA vs. Benchmarks			TREND
	vs. LA	vs. US	vs. HP2020	
25.5	27.2	15.2		25.0
better similar worse				

Alzheimer's Disease

Each Parish vs. Others Combined

	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn
Alzheimer's Disease (Age-Adjusted Death Rate)	29.3	34.6	26.3	45.4	18.1	26.0	49.7	23.6	23.3
Note: In the green section, each parish is compared against all others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.									

RFSA	RFSA vs. Benchmarks			TREND
	vs. LA	vs. US	vs. HP2020	
37.9	32.1	25.0		19.6
better similar worse				

Arthritis

Each Parish vs. Others Combined

	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn
% Arthritis/Rheumatism	26.5	26.9	26.7	24.6	27.9	23.5	21.7	23.5	26.5
% [50+] Arthritis/Rheumatism	42.6	42.2	41.7	41.0	43.9	42.1	35.4	48.4	44.0
Note: In the green section, each parish is compared against all others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.									

RFSA	RFSA vs. Benchmarks			TREND
	vs. LA	vs. US	vs. HP2020	
23.9		20.1		30.6
40.4		37.3		
better similar worse				

Each Parish vs. Others Combined

Nutrition & Weight Status	Each Parish vs. Others Combined								
	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn
% Eat 5+ Servings of Fruit or Vegetables per Day	32.0	34.0	29.5	39.3	31.9	34.6	34.7	38.8	32.1
% Eat 2+ Servings of Fruit per Day	44.2	49.7	41.4	49.7	42.5	47.3	46.9	47.7	42.9
% Eat 3+ Servings of Vegetables per Day	22.6	27.0	16.8	33.6	25.3	27.6	31.8	33.9	25.6
% Difficulty Getting Fresh Fruits & Vegetables	16.2	17.3	21.6	19.9	12.5	9.4	11.3	14.6	12.8
% [Adult] Has 1+ Sugar-Sweetened Drink per Day	67.9	68.2	64.3	61.4	61.6	65.7	59.6	67.7	69.9
% [Adult] Has 3+ Fast Food Meals per Week	24.8	27.5	31.5	27.4	32.0	23.1	30.6	22.8	24.1
% Child [Age 2-17] Eats 5+ Fruits/Vegetables per Day	58.2	44.0	77.0	55.4	59.7	58.5	48.0	70.8	56.4
% Child [Age 2-17] Has 1+ Sugar-Sweetened Drink per Day	53.2	56.2	90.1	66.2	78.6	77.5	68.9	63.2	63.8
% Child [Age 5-17] Has 3+ Fast Food Meals per Week	21.0	43.8	45.6	24.6	30.3	32.3	35.1	27.2	37.1
% Medical Advice on Nutrition in Past Year	35.4	28.5	37.3	37.1	43.4	39.4	38.8	31.5	35.7
% Healthy Weight (BMI 18.5-24.9)	23.2	22.0	23.0	29.5	29.9	26.3	26.2	29.0	23.9
% Overweight	75.9	77.3	75.6	68.8	69.3	72.8	72.5	69.5	74.9
% Obese	38.6	35.9	37.5	34.6	39.5	32.9	40.9	36.6	44.6
% Medical Advice on Weight in Past Year	19.9	23.1	21.0	28.7	27.2	25.8	26.6	24.6	22.7
% [Obese Adults] Couseled About Weight in Past Year	38.0	42.1	34.5	48.0	45.9	52.0	41.4	39.4	35.4

RFSA	RFSA vs. Benchmarks			TREND
	vs. LA	vs. US	vs. HP2020	
34.9		39.5		23.6
46.9				45.8
29.5				26.7
13.6				15.8
63.9				64.9
27.5				
55.4				51.5
67.0				72.0
32.8				29.3
36.2				
26.0		30.6		34.4
72.7		67.5		63.1
38.2		33.4		29.0
25.1				
42.1				
		23.7		
		48.3		41.4

Nutrition & Weight Status (continued)	Each Parish vs. Others Combined								
	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn
% [Overweights] Trying to Lose Weight Both Diet/Exercise	38.6	33.6	42.6	45.2	36.6	39.6	39.8	42.8	37.1
% Children [Age 6-17] Overweight	39.7	12.3	54.8	19.4	41.4	40.7	37.7	31.1	36.1
% Children [Age 6-17] Obese	21.6	7.5	41.1	10.0	32.5	27.7	23.7	13.8	21.0
Note: In the green section, each parish is compared against all others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.									

RFSA	RFSA vs. Benchmarks			TREND
	vs. LA	vs. US	vs. HP2020	
39.5				31.2
34.1				48.0
20.9				30.6
better similar worse				

Physical Activity	Each Parish vs. Others Combined								
	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn
% [Employed] Job Entails Mostly Sitting/Standing	57.5	49.9	41.0	45.4	70.8	56.2	56.7	42.8	57.7
% No Leisure-Time Physical Activity	29.0	34.3	42.6	24.5	28.6	32.1	31.3	24.1	30.0
% Meeting Physical Activity Guidelines	46.0	41.8	38.1	49.9	42.8	45.6	43.3	57.0	41.4
% Moderate Physical Activity	30.5	24.4	17.3	29.1	28.4	23.8	25.7	33.0	25.8
% Vigorous Physical Activity	34.4	30.0	29.4	39.6	33.3	33.0	34.6	45.0	32.0
% Strengthening Activity (2+ Times/Week)	28.0	22.4	22.9	28.1	24.9	24.3	28.1	39.0	28.9
% Walk Regularly (5+ Times Per Week For >10 Minutes)	31.5	28.6	18.6	37.5	28.7	26.5	30.2	39.1	27.4
% Medical Advice on Physical Activity in Past Year	33.5	31.5	36.0	41.2	41.3	35.2	40.8	34.2	34.3
% Child [Age 5-17] Physically Active on a Regular Basis	92.8	75.3	95.7	77.5	71.3	76.9	87.0	91.5	94.0
% Child [Age 5-17] Moderate Physical Activity	74.1	50.6	74.4	56.7	58.2	53.7	65.6	67.7	73.0

RFSA	RFSA vs. Benchmarks			TREND
	vs. LA	vs. US	vs. HP2020	
53.2				52.5
30.3	33.8	20.7	32.6	30.1
45.7				37.9
26.8				20.0
35.4				31.9
28.3				29.4
30.9				42.2
37.2				
85.1				85.7
63.3				67.7

Physical Activity (continued)	Each Parish vs. Others Combined								
	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn
% Child [Age 5-17] Vigorous Physical Activity	84.2	71.4	94.2	75.8	64.9	70.1	81.3	89.6	89.6
% Child [Age 5-17] Watches TV 3+ Hours per Day	6.6	17.3	36.6	34.6	15.3	33.9	28.7	21.4	32.5
% Child [Age 5-17] Non-TV Screen Time 3+ Hours per Day	5.2	18.5	8.6	25.2	7.5	26.6	15.3	11.3	12.4
% Child [Age 5-17] 3+ Hours per Day of Total Screen Time	28.5	46.4	52.1	63.3	41.9	59.0	54.7	50.8	58.2
% "Fair/Poor" Local Physical Activity Opportunities	40.7	45.4	53.0	49.9	33.7	34.5	29.3	32.1	44.3
Note: In the green section, each parish is compared against all others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.									

RFSA	RFSA vs. Benchmarks			TREND
	vs. LA	vs. US	vs. HP2020	
80.2				77.9
25.3		39.3		34.8
15.3		15.0		9.9
51.4		54.7		48.5
35.9				34.8
better similar worse				

Substance Abuse	Each Parish vs. Others Combined								
	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn
Cirrhosis/Liver Disease (Age-Adjusted Death Rate)		8.7		12.3		7.3	8.9	9.7	11.3
% Current Drinker	38.5	53.7	33.6	50.0	26.7	45.1	44.7	48.5	32.7
% Chronic Drinker (Average 2+ Drinks/Day)	7.3	6.7	1.3	7.2	2.0	4.1	4.4	8.6	3.6
% Binge Drinker (Single Occasion - 5+ Drinks Men, 4+ Women)	10.9	16.7	10.1	16.4	11.1	11.2	13.2	18.0	12.4
% Drinking & Driving in Past Month	0.4	1.3	1.3	3.0	0.0	0.5	2.4	4.1	0.9
% Driving Drunk or Riding with Drunk Driver	2.9	2.9	4.3	5.6	0.7	4.9	4.9	4.7	2.9
Drug-Induced Deaths (Age-Adjusted Death Rate)	9.7	10.6		13.0	14.2	10.6	13.6	7.0	20.9
% Illicit Drug Use in Past Month	1.2	0.0	0.1	2.5	0.3	3.0	2.7	2.9	3.1

RFSA	RFSA vs. Benchmarks			TREND
	vs. LA	vs. US	vs. HP2020	
9.0	8.0	9.2	8.2	9.6
44.6	49.6	56.5		38.3
5.4		5.2		4.3
13.9	16.1	19.5	24.4	15.0
2.0		5.0		3.4
4.2		8.6		6.0
13.7	14.5	12.7	11.3	6.3
2.1		4.0	7.1	1.9

Substance Abuse (continued)

Each Parish vs. Others Combined

	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn
% Ever Sought Help for Alcohol or Drug Problem	4.6	3.4	2.2	6.5	0.6	3.1	4.2	3.0	3.7
Note: In the green section, each parish is compared against all others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.									





































RFSA	RFSA vs. Benchmarks			TREND
	vs. LA	vs. US	vs. HP2020	
3.8				
	better	similar	worse	














Tobacco Use












































Each Parish vs. Others Combined















	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn
% Current Smoker	16.9	24.9	24.6	25.7	23.5	21.7	22.0	23.0	23.7
% Someone Smokes at Home	14.0	18.7	17.0	22.2	11.9	21.6	14.4	17.6	18.7
% [Non-Smokers] Someone Smokes in the Home	3.1	7.8	8.9	16.3	4.7	8.6	7.6	9.3	10.8
% [Household With Children] Someone Smokes in the Home	12.3	23.8	15.5	25.3	11.6	25.0	13.5	16.3	16.5
% [Smokers] Received Advice to Quit Smoking	50.5	62.4	59.0	64.4	60.3	58.8	64.8	52.4	63.2
% [Smokers] Have Quit Smoking 1+ Days in Past Year	54.3	63.6	51.3	53.2	55.3	64.2	46.5	58.7	40.6
% Aware of Smoking Cessation Services/Programs	26.5	35.3	32.2	33.1	20.4	32.9	47.6	43.3	22.5
% Believe Most People Think "Definitely Should Not Smoke"	40.5	41.1	39.7	31.1	34.6	39.5	39.7	28.9	43.4
% Use Smokeless Tobacco	6.8	6.9	4.4	10.6	10.0	9.6	5.3	9.9	15.4
Note: In the green section, each parish is compared against all others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.									

RFSA	RFSA vs. Benchmarks			TREND
	vs. LA	vs. US	vs. HP2020	
22.5				
16.8				
8.2				
17.0				
60.7				
54.9				
38.6				
37.8				
7.7				
	better	similar	worse	

General Health Status	Each Parish vs. Others Combined								
	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn
% "Fair/Poor" Overall Health	 24.7	 27.1	 29.6	 24.8	 25.9	 21.7	 20.4	 16.3	 26.8
% Activity Limitations	 24.1	 25.0	 30.2	 30.2	 27.9	 26.6	 26.4	 24.1	 26.4
% 4+ Days Health Prevented Usual Activities	 17.0	 21.0	 21.7	 25.4	 22.2	 18.7	 14.1	 13.9	 18.1
Mortality, All Causes (Age-Adjusted Death Rate)	 715.4	 991.0	 1138.2	 938.0	 989.2	 911.7	 933.4	 910.5	 997.3
Note: In the green section, each parish is compared against all others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.									

RFSA	RFSA vs. Benchmarks			TREND
	vs. LA	vs. US	vs. HP2020	
22.2	 23.0	 15.3		 20.0
26.2	 26.1	 21.5		 20.0
18.6				 16.4
929.7	 919.2	 757.2		 1076.1
 better  similar  worse				

Mental Health & Mental Disorders	Each Parish vs. Others Combined								
	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn
% "Fair/Poor" Mental Health	 13.1	 14.7	 17.3	 18.6	 14.7	 13.7	 13.5	 12.3	 10.7
% Major Depression	 8.1	 18.2	 13.7	 22.5	 10.8	 15.4	 14.6	 14.5	 11.2
% Symptoms of Chronic Depression (2+ Years)	 24.2	 35.7	 29.1	 34.0	 27.2	 31.8	 27.7	 25.8	 31.1
Suicide (Age-Adjusted Death Rate)	 8.7	 14.6		 13.9	 14.2	 10.5	 11.7	 9.1	
% [Those With Chronic Depression] Seeking Help	 34.1	 44.1	 31.9	 70.1	 39.6	 52.0	 49.3	 52.2	 49.7
Note: In the green section, each parish is compared against all others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.									

RFSA	RFSA vs. Benchmarks			TREND
	vs. LA	vs. US	vs. HP2020	
13.8		 11.9		 13.8
14.8				
29.2		 30.4		 30.0
11.4	 11.1	 11.8	 10.2	 11.2
49.0		 53.0	 64.6	 34.2
 better  similar  worse				

Maternal, Infant & Child Health

Each Parish vs. Others Combined

	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn
% Less Than Adequate Prenatal Care	13.6	8.9	15.8	4.7	5.1	15.0	7.0	25.9	15.9
% of Low Birthweight Births	10.7	10.9	9.3	7.5	7.5	11.7	9.9	9.1	11.9
Infant Death Rate	6.7	8.7		10.5		8.5	8.5	6.9	
Neonatal Death Rate		4.3				4.7	3.5	3.3	
<p>Note: In the green section, each parish is compared against all others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</p>									

RFSA	RFSA vs. Benchmarks			TREND
	vs. LA	vs. US	vs. HP2020	
12.2	14.9			14.3
9.9	10.9	8.2	7.8	8.7
6.7	8.5	6.5	6.0	10.1
3.0	4.7	4.2	4.1	6.2
<p> better similar worse</p>				

Family Planning

Each Parish vs. Others Combined

	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn
% of Births to Unwed Mothers	52.7	61.9	47.9	44.5	38.0	60.2	52.2	24.8	55.4
% Births to Teenagers	14.3	15.2	11.2	15.5	12.6	14.3	13.0	10.4	14.8
<p>Note: In the green section, each parish is compared against all others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</p>									

RFSA	RFSA vs. Benchmarks			TREND
	vs. LA	vs. US	vs. HP2020	
47.4	53.1	40.8		38.7
13.1	11.4	9.3		20.4
<p> better similar worse</p>				

Immunization & Infectious Diseases

Each Parish vs. Others Combined

	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn
Measles per 100,000	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Mumps per 100,000	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Rubella per 100,000	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Pertussis per 100,000	0.0	0.0	0.0	0.0	0.0	0.0	0.3	0.0	0.0

RFSA	RFSA vs. Benchmarks			TREND
	vs. LA	vs. US	vs. HP2020	
0.0	0.0	0.0		0.0
0.0	0.1	0.5		1.5
0.0	0.0	0.0		0.0
0.1	0.9	6.9		0.2

Immunization & Infectious Diseases (cont.)	Each Parish vs. Others Combined								
	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn
Hepatitis C Incidence per 100,000	0.0	0.0	0.0	0.0	2.2	0.0	0.3	0.0	0.0
% [Age 65+] Flu Shot in Past Year	69.9	80.6	59.8	71.1	69.4	76.2	76.5	69.2	68.1
% [High-Risk 18-64] Flu Shot in Past Year	33.8	51.7	23.3	49.6	50.4	40.0	48.6	45.0	56.3
% [Age 65+] Pneumonia Vaccine Ever	74.3	76.2	76.3	76.7	67.1	74.9	73.8	75.8	65.4
% [High-Risk 18-64] Pneumonia Vaccine Ever	45.8	42.7	46.0	51.2	45.3	29.9	42.4	38.3	48.1
Tuberculosis Incidence per 100,000	6.4	1.6	3.2	0.0	4.4	0.0	3.5	0.6	4.3
Note: In the green section, each parish is compared against all others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.									

RFSA	RFSA vs. Benchmarks			TREND
	vs. LA	vs. US	vs. HP2020	
0.2	0.2	0.3	0.3	1.5
74.2	70.2	57.5	90.0	69.4
46.1		45.9	90.0	
74.0	69.1	68.4	90.0	67.4
41.6		41.9	60.0	
2.5	3.8	3.6	1.0	8.2
better similar worse				

Sexually Transmitted Diseases	Each Parish vs. Others Combined								
	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn
Gonorrhea Incidence per 100,000	74.0	119.5	119.3	45.1	40.2	330.0	239.7	104.5	105.8
Primary & Secondary Syphilis Incidence per 100,000	1.3	4.0	3.2	1.5	4.5	16.0	9.8	0.6	2.2
Chlamydia Incidence per 100,000	359.8	426.1	432.1	245.1	290.1	1003.4	720.7	695.2	385.7
Hepatitis B Incidence per 100,000	0.0	0.8	3.2	0.0	0.0	0.8	0.8	0.0	0.0
% [Unmarried 18-64] 3+ Sexual Partners in Past Year	23.8	5.7	5.3	16.9	6.0	8.7	8.0	5.4	8.4
% [Unmarried 18-64] Using Condoms	39.2	55.8	57.2	39.9	48.7	47.9	38.8	33.4	51.5
Note: In the green section, each parish is compared against all others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.									

RFSA	RFSA vs. Benchmarks			TREND
	vs. LA	vs. US	vs. HP2020	
173.6	196.5	101.0		197.4
6.6	9.7	4.5		21.0
616.9	642.3	429.6		269.5
0.6	1.2	1.1		2.4
9.1		11.7		
43.1		33.6		
better similar worse				

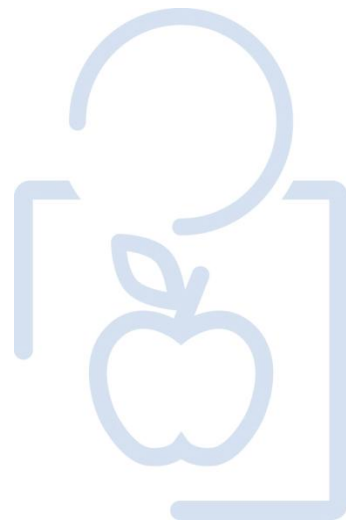
HIV	Each Parish vs. Others Combined								
	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn
HIV/AIDS (Age-Adjusted Death Rate)									
HIV/AIDS Incidence per 100,000	18.5	11.9		7.9	105.8	22.8	23.1	10.5	
% [Age 18-44] HIV Test in the Past Year	17.1	29.2	30.2	33.7	11.2	30.7	25.0	37.9	23.4
Note: In the green section, each parish is compared against all others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.									

RFSA	RFSA vs. Benchmarks			
	vs. LA	vs. US	vs. HP2020	TREND
5.3	8.0	4.0	3.3	6.3
21.0	26.1			18.3
28.0		19.3	18.9	36.6
better similar worse				

Housing	Each Parish vs. Others Combined								
	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn
% "Fair/Poor" Condition of Neighborhood Homes	14.9	10.4	25.3	22.3	16.3	22.0	12.6	15.8	22.3
% "Fair/Poor" Availability of Affordable Housing	59.7	53.6	47.9	55.2	58.3	48.1	40.3	54.6	50.9
% Displaced From Housing in Past 2 Years	11.7	7.4	12.1	13.2	13.8	13.3	10.7	8.7	13.2
Note: In the green section, each parish is compared against all others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.									

RFSA	RFSA vs. Benchmarks			
	vs. LA	vs. US	vs. HP2020	TREND
15.7				16.3
48.7				42.4
10.8				11.7
better similar worse				

ACCESS TO HEALTHCARE SERVICES



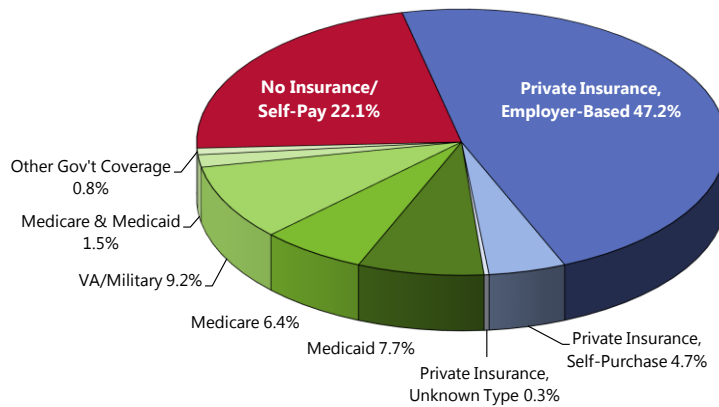
Health Insurance Coverage

Survey respondents were asked a series of questions to determine their healthcare insurance coverage, if any, from either private or government-sponsored sources.

Type of Healthcare Coverage

A total of 52.2% of RFSAs adults age 18 to 64 report having healthcare coverage through private insurance. Another 25.6% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).

Healthcare Insurance Coverage
(Among Adults Age 18 to 64; Rapides Foundation Service Area, 2013)



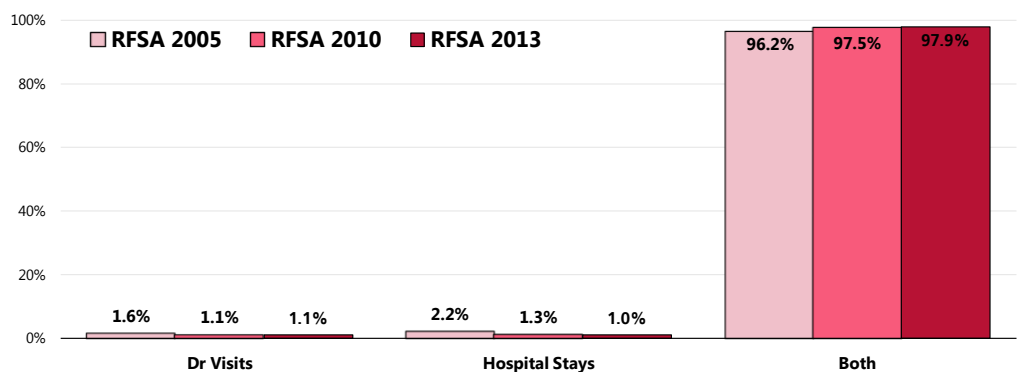
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 209]
Notes: • Reflects respondents aged 18 to 64.

Hospital & Physician Coverage

Among insured adults, the vast majority (97.9%) are at least partially covered for both physician and hospital visits.

☒ Marks a modest (but statistically significant) increase from the 2005 survey results. Note that this item was not addressed in the initial 2002 RFSAs survey.

Aspects of Healthcare Coverage
(Among Insured Adults, Excluding Medicare-Only)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 79]
Notes: • Asked of all respondents with healthcare coverage (excluding those with Medicare only).

NOTE

Trends are measured against baseline data – i.e., the earliest year that data are available.

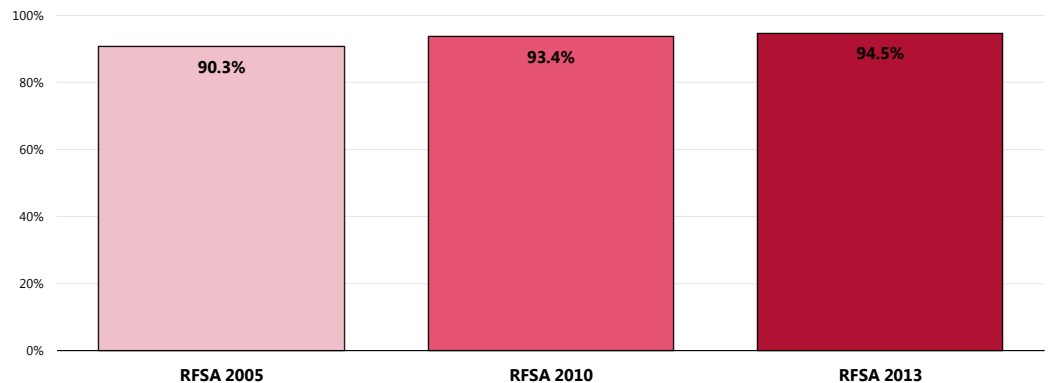
Prescription Drug Coverage

Among insured adults (excluding those with Medicare), 94.5% report having prescription coverage as part of their insurance plan.

- Lowest in Catahoula and Rapides parishes; highest in Natchitoches Parish (not shown).
- ☒ Marks a statistically significant increase since 2005.

Insurance Covers At Least Partial Prescriptions

(Among Insured Respondents, Excluding Those With Medicare; RFSa, 2005-2013)



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 80]
 Notes: ● Asked of all insured respondents without Medicare.

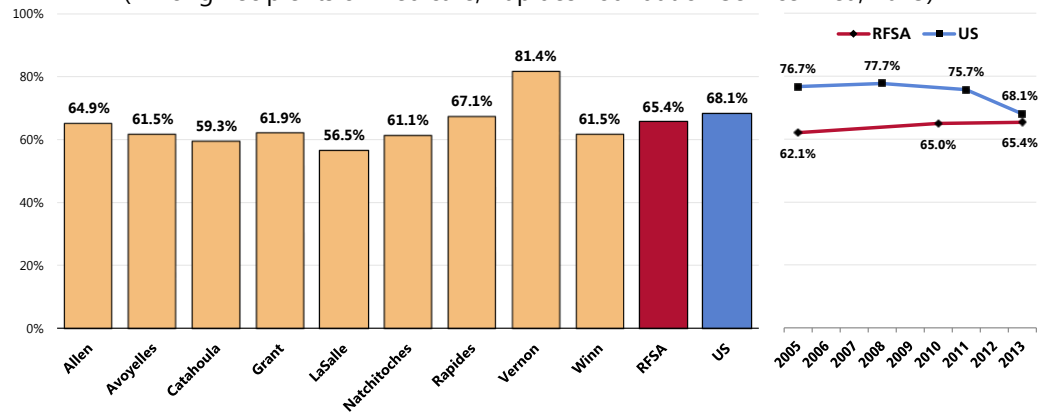
Supplemental Medicare Coverage

Among Medicare recipients, 65.4% report that they have additional supplemental insurance.

- Comparable to the prevalence among Medicare recipients nationwide.
- Highest in Vernon Parish.
- ☒ Statistically unchanged in the RFSa since the 2005 survey. Note also that the proportion nationwide has dropped during this time.

Have Additional Supplemental Coverage

(Among Recipients of Medicare; Rapides Foundation Service Area, 2013)



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 78]
 ● 2013 PRC National Health Survey, Professional Research Consultants.
 Notes: ● Asked of all respondents with Medicare coverage.

Lack of Health Insurance Coverage

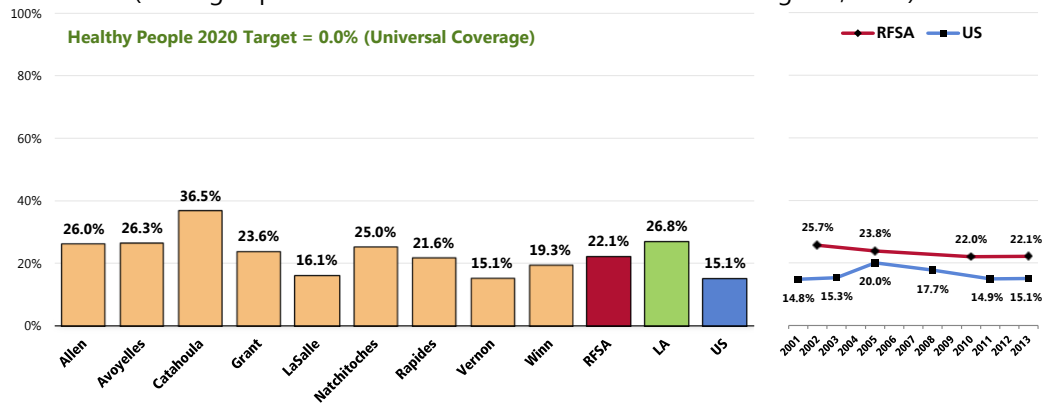
Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus, excluding the Medicare population) who have no type of insurance coverage for healthcare services – neither private insurance nor government-sponsored plans (e.g., Medicaid).

Among adults age 18 to 64, 22.1% report having no insurance coverage for healthcare expenses.

- More favorable than the state finding.
- Less favorable than the current national finding.
- The Healthy People 2020 target is universal coverage (0% uninsured).
- Uninsured levels are particularly high in Catahoula Parish; they are lowest in LaSalle and Vernon parishes.
- ☒ The prevalence of adults under 65 without healthcare insurance coverage has improved significantly in the RFSa since 2002.

Lack of Healthcare Insurance Coverage

(Among Rapides Foundation Service Area Adults Under Age 65, 2013)



Sources:

- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 209]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2011 Louisiana data.
- 2013 PRC National Health Survey, Professional Research Consultants.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-1]

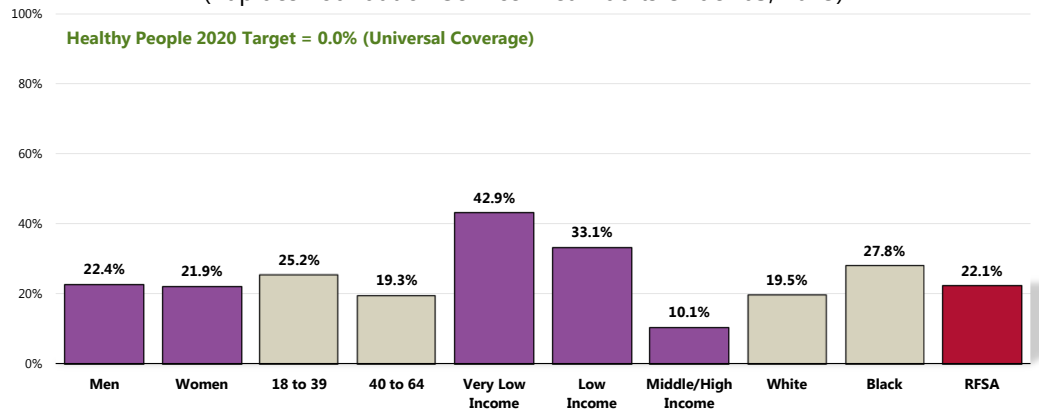
 Notes:

- Asked of all respondents under the age of 65.
- Because the CDC implemented changes to the BRFSS weighting methodology in 2011, state findings might not be directly comparable to the regional or national findings outlined in this report.

The following chart further examines lack of insurance coverage by various key demographic characteristics. Note that the following population segments are more likely to be without healthcare insurance coverage:

- ☒ Adults under age 40.
- ☒ Residents living at lower incomes (note the 42.9% uninsured prevalence among very low income adults).
- ☒ Black residents.

Lack of Healthcare Insurance Coverage (Rapides Foundation Service Area Adults Under 65, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 209]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-1]
 Notes: • Asked of all respondents under the age of 65.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

Charts throughout this report (such as shown here at right) detail survey findings among key demographic groups – namely by gender, age groups, income (based on poverty status), and race.

NOTE

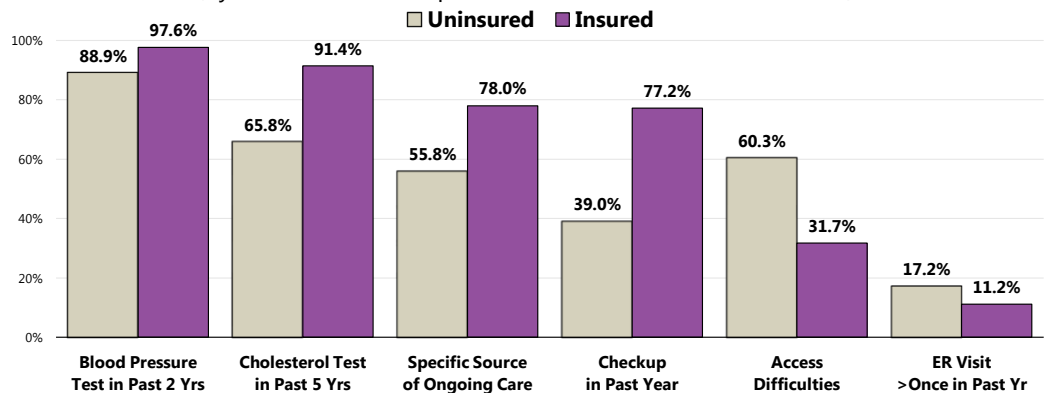
In demographic survey charts, "White" and "Black" represent non-Hispanic race categorizations.

Impact of Poor Access

Uninsured adults in the RFSA are much less likely to receive routine care and preventive health screenings, and much more likely to encounter healthcare access difficulties.

Preventive Healthcare

(By Insured Status; Rapides Foundation Service Area, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 18, 23, 40, 43, 210, 213]
 Notes: • Asked of all respondents.

Difficulties Accessing Healthcare

Access to quality care is important to eliminate health disparities and increase the quality and years of healthy life for all persons in the United States. Access to high-quality healthcare across each of the components in the continuum of care must be improved to realize the full potential of prevention. For example, success in reducing the burden of heart disease and narrowing the gap in heart disease outcomes between different racial groups will depend on several factors. These factors include ensuring access to clinical preventive services, such as blood pressure and cholesterol screening; effective primary care to educate people about modifiable risk factors, such as smoking, and to manage effectively chronic conditions like hypertension; high-quality emergency services to improve outcomes of acute cardiac events; and access to rehabilitative and long-term care for heart disease patients.

Improving access to appropriate preventive care requires addressing many barriers, including those that involve the patient, provider, and system of care. Patient barriers include lack of knowledge, skepticism about the effectiveness of prevention, lack of a usual source of primary care, and lack of money to pay for preventive care. Having health insurance, a high income, and a primary care provider are strong predictors that a person will receive appropriate preventive care.

– Healthy People 2020, 2nd Edition. US Department of Health and Human Services. Washington, DC: US Government Printing Office, November 2000.

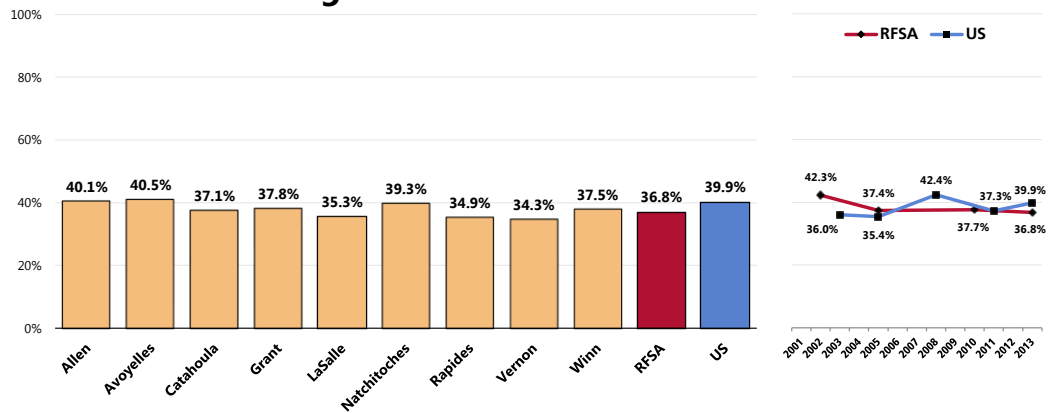
Difficulties Accessing Services

A total of 36.8% of RFSA adults report some type of difficulty or delay in obtaining healthcare services in the past year.

- Better than the national figure.
- Statistically similar among the nine parishes.
- ▣ Denotes a statistically significant improvement since 2002.





This indicator reflects the percentage of the total population experiencing problems accessing healthcare in the past year, regardless of whether they needed or sought care.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year

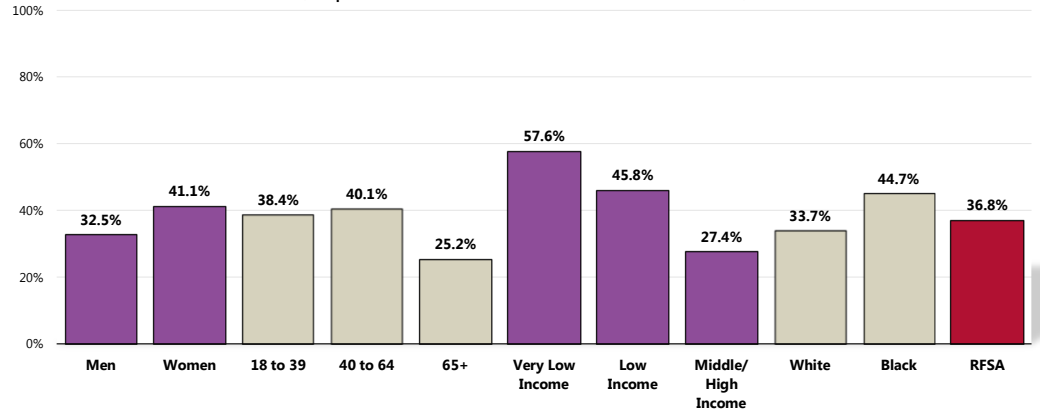


Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 213]
 ● 2013 PRC National Health Survey, Professional Research Consultants.
 Notes: ● Asked of all respondents.

Note that the following demographic groups more often report difficulties accessing healthcare services:

-  Women.
-  Adults under the age of 65.
-  Low income, and especially very low income residents.
-  Blacks.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year (Rapides Foundation Service Area, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 213]
 Notes: • Asked of all respondents.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

Barriers to Healthcare Access

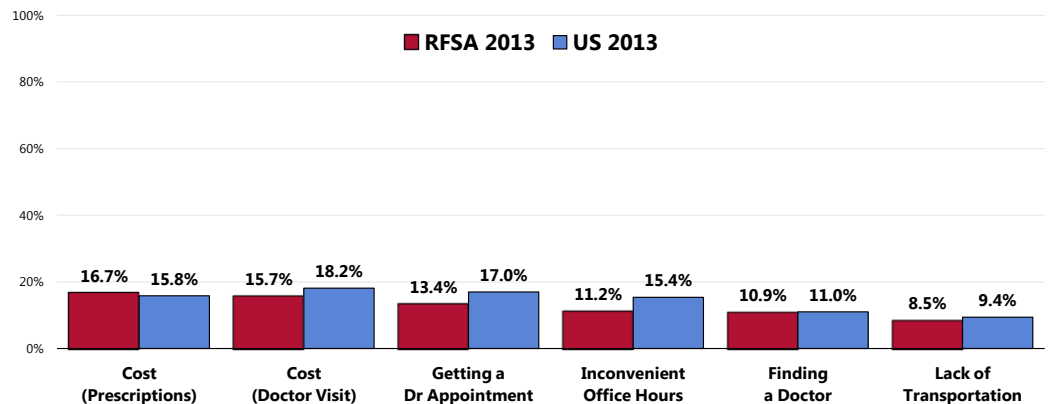
To better understand healthcare access barriers, survey participants were asked whether any of six types of barriers to access prevented them from seeing a physician or obtaining a needed prescription in the past year.

Again, these percentages reflect the total population, regardless of whether medical care was needed or sought.

Of the tested barriers, cost of prescription medications impacted the greatest share of RFSA adults (16.7% say that cost prevented them from obtaining a necessary prescription in the past year).

The proportion of RFSA adults impacted was statistically comparable to or better than that found nationwide for **each** of the tested barriers.

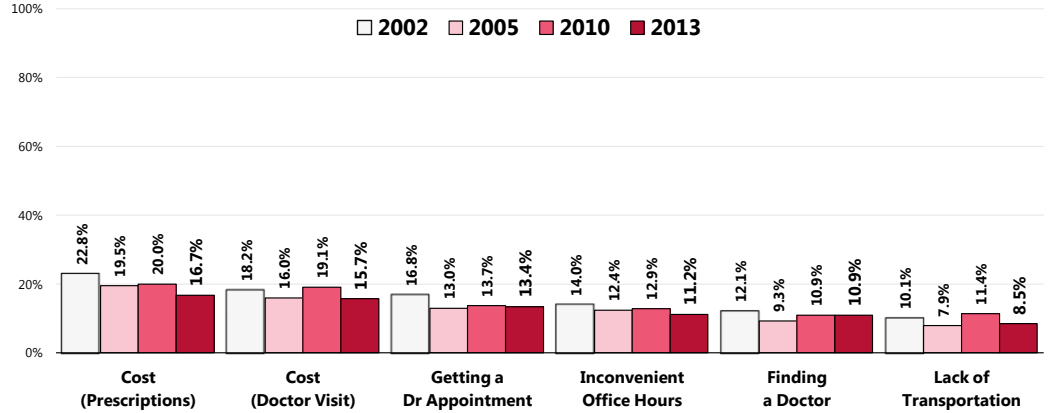
Barriers to Access Have Prevented Medical Care in the Past Year



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 9-14]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

- ☒ Compared to baseline 2002 data, the RFSA has improved for **each** of the surveyed barriers, with the exception of difficulty finding a physician (for which the results were stable over time).

Trend in Access Barriers (Rapides Foundation Service Area)

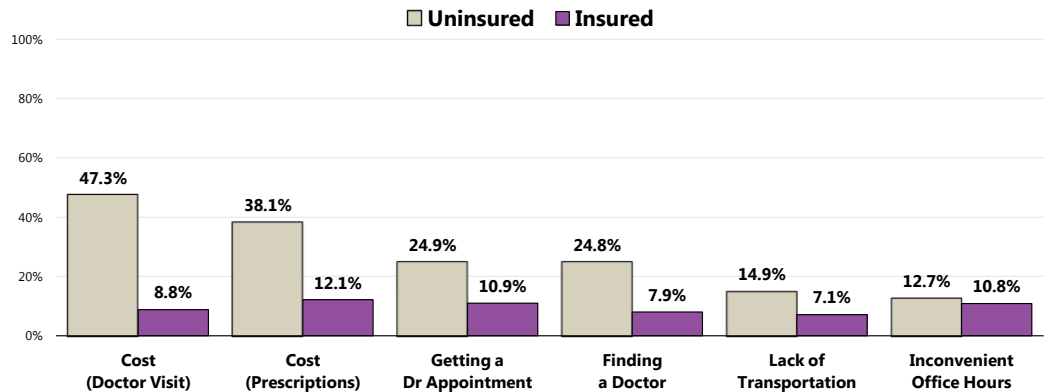


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 9-14]
Notes: • Asked of all respondents.

- ☒ As might be expected, those without health insurance are much more likely to report access barriers when compared to the insured population in the RFSA.

Barriers to Healthcare Access

(By Insured Status, 18+; Rapides Foundation Service Area, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 9-14]
Notes: • Asked of all respondents.

Accessing Healthcare for Children

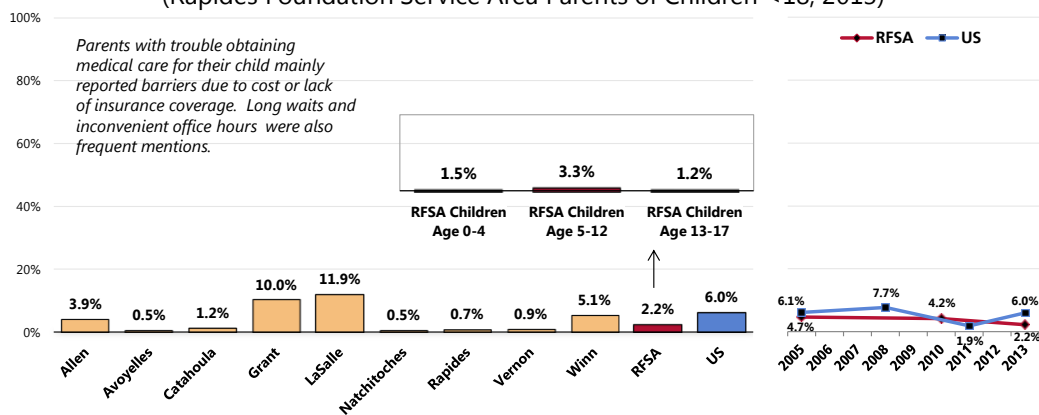
Surveyed parents were also asked if, within the past year, they experienced any trouble receiving medical care for a randomly-selected child in their household.

A total of 2.2% of parents say there was a time in the past year when they needed medical care for their child, but were unable to get it.

- More favorable than the percentage reported nationwide.
- Favorably low in Avoyelles, Natchitoches, and Rapides parishes; unfavorably high in Grant and LaSalle parishes.
- ☒ Higher responses are noted among parents of children age 5 to 12.
- ☒ Marks a significant improvement over time.

Had Trouble Obtaining Medical Care for Child in the Past Year

(Rapides Foundation Service Area Parents of Children <18, 2013)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 135-136]
 • 2013 PRC National Health Survey, Professional Research Consultants.

Notes: • Asked of all respondents with children under 18 at home.

Among the parents experiencing difficulties, the majority cited **cost or a lack of insurance** as the primary reason; other reasons cited included long waits for appointments and inconvenient office hours.

Related Focus Group Findings: Access to Healthcare Services

Many of the key informants participating in the focus groups are concerned with access to healthcare, discussing such issues as:

- Barriers to accessing healthcare
- Poverty
- Physician office hours
- Under-insured or uninsured population
- Medicaid reimbursement rate
- Overall low number of physicians
- Cost of prescription drugs
- Specialists
- Transportation
- Emergency room overutilization
- Abuse, or reliance on government programs

Focus group participants agree that residents encounter several **barriers** when trying to **access healthcare services** in the community. Attendees believe that health disparities exist based upon residents' income and race. The perception is that residents who live in **poverty** cannot meet their own basic needs.

"Tragically, I was involved in a situation where the spouse of this particular individual passed away a couple months ago because they couldn't access healthcare. Similar to what you said. Couldn't afford the transportation. Got pneumonia. Couldn't afford the meds. Did what we could to help them. But really no access beyond what's right here in the community." — Catahoula Parish Key Informant

Other participants describe the tribulations facing many low income households:

"I used to think that before I started doing this work for a while, that getting a diagnosis that you were HIV positive was the worst that you might could hear and I quickly realized that for a lot of people who live in our community who are faced with poverty, homelessness, illiteracy, mental illness, substance abuse and all those other things getting a diagnosis of HIV is just one drop in a very large bucket that keeps people from making these healthy lifestyle choices." — Rapides Parish Community Leader/Social Service Representative

"Here 50 percent of these women don't show up for free medical care. I mean, what's that all about? Well, when you find out what they're doing, they have two jobs. They're raising three kids. There's no husband. The grandma's sick. Their whole lives are just in total chaos and disorder." — Rapides Parish Healthcare Professional

Many residents are undereducated and do not think about long-term health consequences or the importance of preventive healthcare. Some community members do not realize the severity of an illness. One participant explains:

"I see a lot of people who are just living for right now or for the rest of today. Some of that may be related to the crime that's going on in their neighborhood and a lot of the people in their neighborhood don't make it to the next day. So it's a matter of let me just go hand to mouth. Let me get what I can now. A bag of Cheetos is easy to get. Let me do that or whatever I can get to make it through today, and then tomorrow, I'll take care of something else." — Community Health Needs Assessment Advisory Committee Member

Attendees agree that residents avoid accessing healthcare services until they become very ill for several reasons: they may not access services because of the paperwork required to obtain care, the cost of co-pays or medication, a distrust of medical providers, or the inability to take time off work. **Physician office hours** can delay a resident's ability to access healthcare. Many residents work multiple jobs, or take shift work, both of which make getting to a doctor appointment during normal office hours difficult. These residents do not want to miss work because of the dock in pay.

Focus group members feel that many residents are also **under-insured or uninsured**, limiting their access to healthcare services. The underinsured population includes the working poor, those individuals who may qualify for employer insurance but the deductibles are too high or the monthly employee cost too much, so they elect to go without. Rural health clinics and Federally Qualified Health Centers operate in the parishes with sliding-fee schedules, but participants would like to see more clinics. The clinics experience high demand, and staff turnover can be an issue.

"We have a rural health clinic here, but you have to pay \$20.00 or they will not see you, plus other charges. They frequently do not have a physician for weeks or months at a time, and the charity hospital system is going to be no more very soon, so these people will have nowhere to go." — Vernon Parish Key Informant

In addition, Community HealthWorx (Rapides Parish) and the Working Clinic (Vernon Parish), offers reduced-cost or free office visits and medication to uninsured *working* adults, and operate with volunteer healthcare providers. In Natchitoches Parish, an independent clinic on Tulane Street takes any type of insurance but does not provide free care. Allen Parish has one For more serious medical issues and those requiring hospitalization, many uninsured and Medicaid residents remain dependent on the Huey P. Long Memorial Hospital. This dependence concerns participants because the state hospital continues to undergo transitions and funding reductions.

Some residents may qualify for **Medicaid**, but finding a provider who accepts that insurance can prove difficult. Attendees agree that the number of physicians who accept Medicaid has decreased in recent years, due to the low **reimbursement rate** and amount of complicated paperwork required. Many physicians will have trouble keeping the doors open if they accept a large number of Medicaid patients or if they operate their practice based on reimbursement guidelines. A physician explains his frustrations:

“Medicaid will not pay the physicians for the services and the liabilities that they have to deal with when they’re dealing with just that exact type of patient financial bearing...This is just a case of economics.” — Avoyelles Parish Key Informant

Overall, a **limited number of primary care providers** exist in the parishes because of the area’s rural nature, so even those residents with insurance may find it difficult to locate a provider. Attendees worry that when the current, older physicians retire, no younger providers will take their place. Hospital systems struggle to recruit physicians because of the limited payer mix, lower starting salary, and lack of entertainment or cultural opportunities for spouses.

The **cost of prescription drugs** may also impact a family’s ability to access critical healthcare services and provide continuity in medication. Participants have mixed feelings about the Cenla Medication Access Program (CMAP). Two participants explain their different experiences:

“If you make any money you’re probably not going to qualify (CMAP). If you come here and you can pay \$10.00 we’ll see you. If you don’t have any insurance and you don’t have a lot of money. But you can see me and I can order some lab work. But I can’t give you any medicine. I mean I can’t get you any medicine. I can get you what’s on the \$4.00 list. And then they have to go buy that. A lot of them won’t even buy that.” — Catahoula Parish Key Informant

“CMAP, which is part of Rapides Foundation, has been just a godsend with some of my patients or they would not have their meds and they would just be unproductive, poor quality of life, and dot, dot, dot.” — Allen Parish Key Informant

In addition to struggling with overall access to healthcare services, many participants worry that community members do not have access to **specialists** due to the low number of local specialty providers accepting Medicare/Medicaid recipients.

“We actually have from last year some specialists that limit the amount of Medicare patients they see in a month or they’re not accepting new Medicare until a certain timeframe. We have things like that and it just really ties your hand for good quality care and good patient outcomes...You may have a patient with back pain and has a legit problem that probably needs a surgical intervention and you’re looking at maybe months before they get an appointment much less any kind of intervention and it’s just a big black hole in the system.” — Allen Parish Key Informant

In LaSalle Parish a specialist may come one to three days a week but remains very busy, so getting an appointment is difficult. Other parishes may have specialty surgeons, but they will not complete just any type of surgery.

“Now general surgeons are a complete misnomer. They’re an abdominal surgeon. That’s what they are. They’re not a general surgeon. So you get the newly trained guys. You bring them to town. And if you have something going on in your belly, they’ll work on it. Other than that, they’re not going to touch it. They don’t do hysterectomies. They don’t do urology procedures like guys used to do in those days. And so the access to specialists in communities like this is very lacking.” — Winn Parish Key Informant

Transportation can also act as a barrier, with many local families depending on one car for the entire family, and others do not have any personal vehicles. Within the city of Alexandria, public transportation operates but runs limited routes. In many parishes, Medicaid and Head Start provide transportation to their recipients, but residents must provide notice. Allen Parish provides subsidized transportation services through several different agencies, as a participant explains:

“We have three different programs. We have the aging and disabled through government’s office of elderly affairs and then we do non-emergency medical Medicaid. If they pay us, we go anywhere. We’re taking somebody from New Iberia to New Orleans today because they have no other services. You want to go somewhere, you book us, pay us, we’ll take you to Aunt Ethel’s for a family reunion or to a casino, to a funeral. We’re subsidized by the state, so we’re like the bus and cab company for Allen Parish.” — Allen Parish Key Informant

In other parishes, friends, family or church may be the only transportation option, but because of the high rates of poverty, friends and family may charge for the ride; an attendee recalls:

“I’ve had patients tell me that even asking a family member to get them here, they charge them money. Big money. And that use that person’s car. They just charge them to drive.” — Rapides Parish Healthcare Professional

Several attendees describe the difficulties encountered due to limited transportation:

“We have to travel so far to get – as for me, myself, I’m a cancer survivor. I had to travel to Rapides every day for radiation for six weeks. And it’s very costly. And with us being a moderately low income parish, that’s really knocks on your household budget.” — Grant Parish Key Informant

“It’s real common to see people walking over with arms filled with, whether it’s clothes or commodities or whatever, and they walk away – I mean they just walk. I mean it’s practically foot travel only. Not even bikes. I mean very few have working bicycles.” — Catahoula Parish Key Informant

“The medical center is a good medical center for this size community, but you can’t compare it to say Jackson Medical Center in Florida or any of the major trauma centers. So when we have life-threatening illnesses, good care is an hour away at best, if you can afford it, and if you can’t afford to be transported, then you’re going to say goodbye to that loved one.” — Natchitoches Parish Key Informant

"It's a fairly large parish. You've got people living out in the pine trees, and they don't have the ability to get to town on a routine basis to receive the kind of healthcare they need. So the folks who have transportation issues to start with, not only can they not get to Winnfield. They're not able to get to Alex or Ruston or Natchitoches or wherever they can for that specialty coverage. So when they do hit our emergency room, they're an absolute train wreck. So we see a lot sicker patient in the emergency department than we would like." — Winn Parish Key Informant

Residents must often travel outside the area to obtain specialty care, discouraging many from even attempting to access care. A participant explains:

"If a person goes to Huey P. Long and gets medical care, but they're required to have surgery, it's not done locally. Therefore they have to figure out a way to go to Shreveport, stay overnight in Shreveport, perhaps an extended period of time and get that care. So transportation back and forth to a surgical center has been an issue for most of the lower income persons." — Rapides Parish Community Leader/Social Service Representative

Focus group participants agree that community members also **over-utilize** the local **emergency rooms**, which equates to lengthy wait times. For many individuals who cannot afford to take time off work, the ER becomes their primary care provider. Families go to the emergency room for minor, non-emergent situations, and if the person cannot afford the bill they simply do not pay. Many urgent care clinics exist in the community to relieve the emergency rooms, but they have not been well received. A participant explains the reluctance to use an urgent care clinic:

"That's the problem. They don't want to pay for an Urgent Care visit— that's why they go to the emergency room because they can't be asked for any money upfront. And then by the time they've been treated and they're asked for money, they just say I don't have any and I'm out of here. Give me my scrip." — Rapides Parish Healthcare Professional

In general, healthcare providers have frustration about the lack of compliance with treatment plans, or follow up procedures:

"Just an example of not following through with the plan: I have a patient, I went to the grocery store on the way to pick my daughter up from my mom. And of course I didn't say anything to her, but she was in line and she had three 24-packs of cola and she had eight 2 liter bottles of fruit flavored soda and she's very badly diabetic. I mean that's just an example of not doing what we tell them to do or ask them to do." — Catahoula Parish Key Informant

Many attendees also feel strongly that **abuse of or reliance on government programs** persist throughout their community, describing scenarios in which residents do not obtain employment and continue to live off government subsidies. Participants express frustration with the lack of ambition among residents.

"To me one of the biggest problems is the desire of some people to not do any better. Not for themselves. And a lot of that – you know, you're brought up in a family like that. Where does the child learn to have ambition and goals and desires when just getting to qualify for some type of government help is of value for them? The epitome of a lot of people, I'm afraid. And, you know, it's very discouraging to me to see that." — Winn Parish Key Informant

These residents will not pay for healthcare and other treatments, but have cell phones and new technology. Other participants believe that a number of young women in the community have children and collect government assistance checks, but grandparents actually raise the child. A participant recalls how one woman describes proudly not working:

"We screened a woman in the program and we said, 'Well, do you work?' 'No.' 'Well, do you have a husband or a partner that lives with you that works?' 'No.' she said, and very proudly she said, 'We are a non-working household.' And I just thought, 'I don't think I'll ever get over that one.'" — Rapides Parish Community Leader/Social Service Representative

Some participants feel that the system does not assist individuals with getting off its programs. If residents obtain employment and lose their state benefits, but do not make enough money to afford medication, there is no incentive to obtain employment.

One healthcare professional describes how the system itself can encourage unhealthy behavior and/or abuse:

"We have one patient who was like 40 years old, looked perfectly fine; the doctor went in the room and said I just have to know why you are on disability. And she said because I'm obese. She got on disability because she's obese." — Rapides Parish Healthcare Professional

Primary Care Services

Improving primary care across the nation depends in part on ensuring that people have a usual source of care. Having a primary care provider as the usual source of care is especially important because of the beneficial attributes of primary care. These benefits include the provision of integrated, accessible healthcare services by clinicians who are accountable for addressing a large majority of personal healthcare needs, developing a sustained partnership with patients, and practicing in the context of family and community. Increasing the number and proportion of members of underrepresented racial and ethnic groups who are primary care providers also is important because they are more likely to practice in areas where health services are in short supply and in areas with high percentages of underrepresented racial and ethnic populations.

– Healthy People 2020, 2nd Edition. US Department of Health and Human Services. Washington, DC: US Government Printing Office, November 2000.

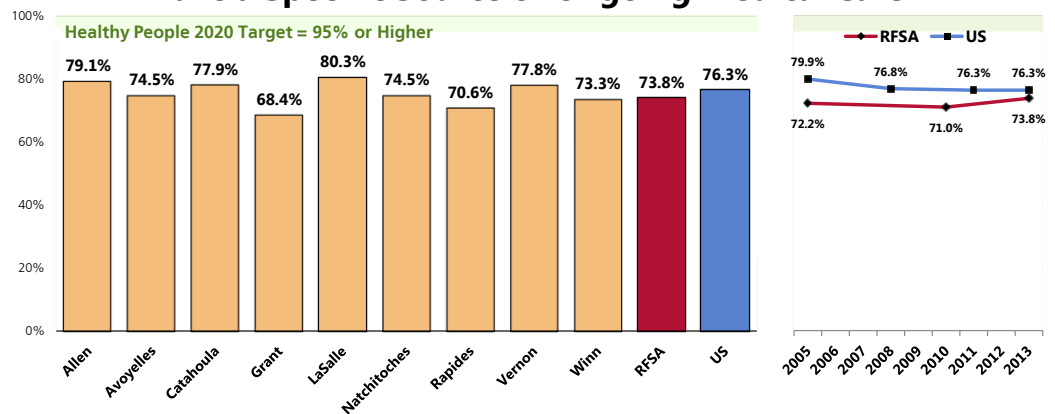
Specific Source of Ongoing Care

Having a specific source of ongoing care includes having a doctor's office, clinic, urgent care center, walk-in clinic, health center facility, hospital outpatient clinic, HMO or prepaid group, military/VA clinic, or some other kind of place to go if one is sick or needs advice about his or her health. A hospital emergency room is not considered a source of ongoing care in this instance.

A total of 73.8% of RFSA adults were determined to have a specific source of ongoing medical care.

- Statistically similar to national findings.
- Fails to satisfy the Healthy People 2020 target.
- More favorable in Allen, LaSalle, and Vernon parishes; less favorable in Grant and Rapides parishes.
- ▣ Statistically unchanged in the RFSA since 2005.

Have a Specific Source of Ongoing Medical Care



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 210]
 • 2013 PRC National Health Survey, Professional Research Consultants.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-5.1]
 Notes: • Asked of all respondents.

When viewed by demographic characteristics, the following population segments are less likely to have a specific source of care:

- ☹ Men.
- ☹ Young adults (under age 40).
- ☹ Very low income adults.
- ☹ Blacks.

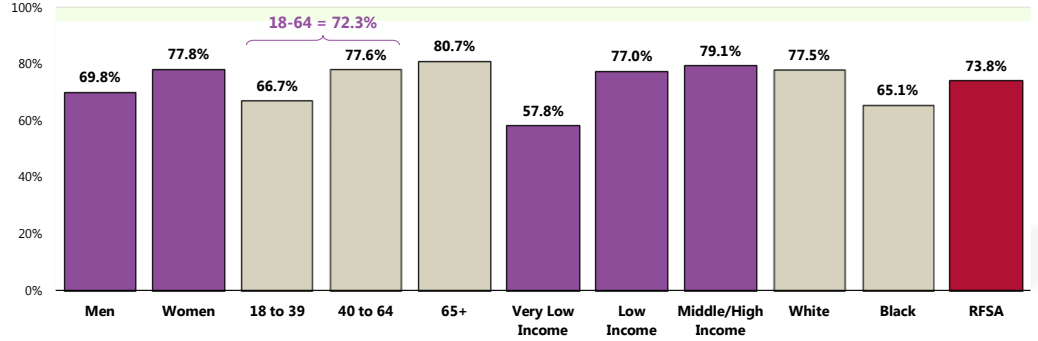
Have a Specific Source of Ongoing Medical Care

(Rapides Foundation Service Area, 2013)

Healthy People 2020 Target = 95.0% or Higher

[18-64] Healthy People 2020 Target = 89.4% or Higher

[65+] Healthy People 2020 Target = 100%



- Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 210-212]
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objectives AH5-5.1, 5.3, 5.4]
- Notes:
- Asked of all respondents.
 - Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

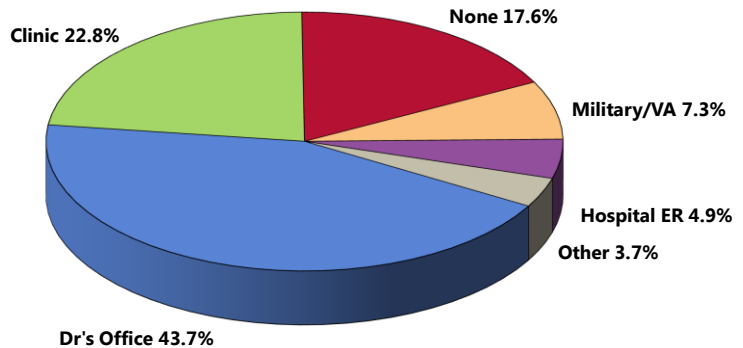
Type of Place Used for Medical Care

When asked where they usually go if they are sick or need advice about their health, the greatest share of respondents (43.7%) identified a particular doctor's office (comparable to the 45.8% reported nationwide).

A total of 22.8% say they usually go to some type of clinic (lower than the 26.2% across the US), while 7.3% visit some type of military/VA facility (over twice the 3.1% national prevalence) and 4.9% rely on a hospital emergency room (higher than the 2.7% US figure).

Particular Place Utilized for Medical Care

(Rapides Foundation Service Area, 2013)



- Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 16-17]
- Notes:
- Asked of all respondents.

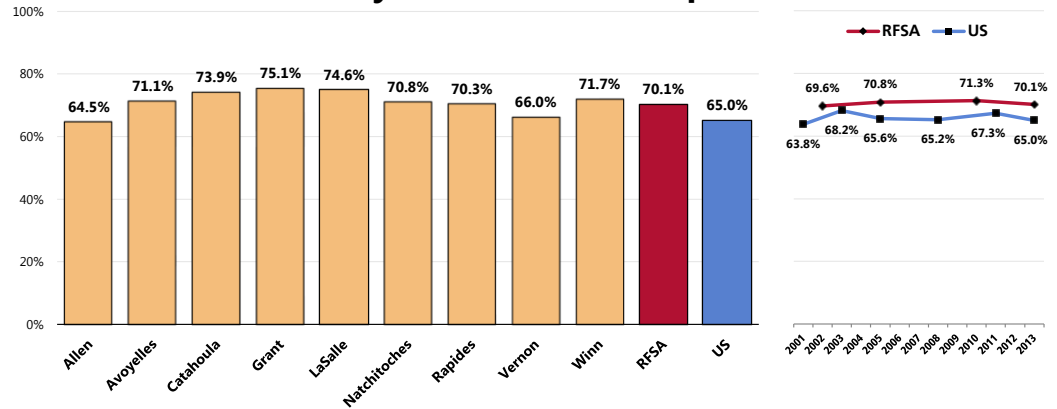
Routine Medical Care

Adults

A total of 70.1% of adults visited a physician for a routine checkup in the past year.

- More favorable than national findings.
- Lowest in Allen Parish; highest in Grant Parish.
- ▣ Statistically unchanged from baseline findings.

Have Visited a Physician for a Checkup in the Past Year



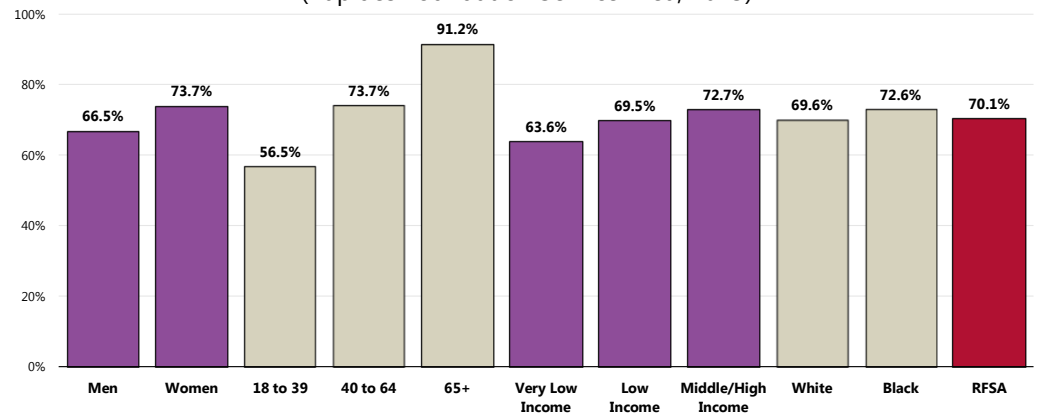
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 18]
 • 2013 PRC National Health Survey, Professional Research Consultants.
 Notes: • Asked of all respondents.

When viewed by demographic characteristics, the following populations are less likely to have received routine care in the past year:

- Men.
- Younger residents (note the positive correlation with age).
- Lower-income residents (positive correlation with income).

Have Visited a Physician for a Checkup in the Past Year

(Rapides Foundation Service Area, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 18]
 Notes: • Asked of all respondents.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

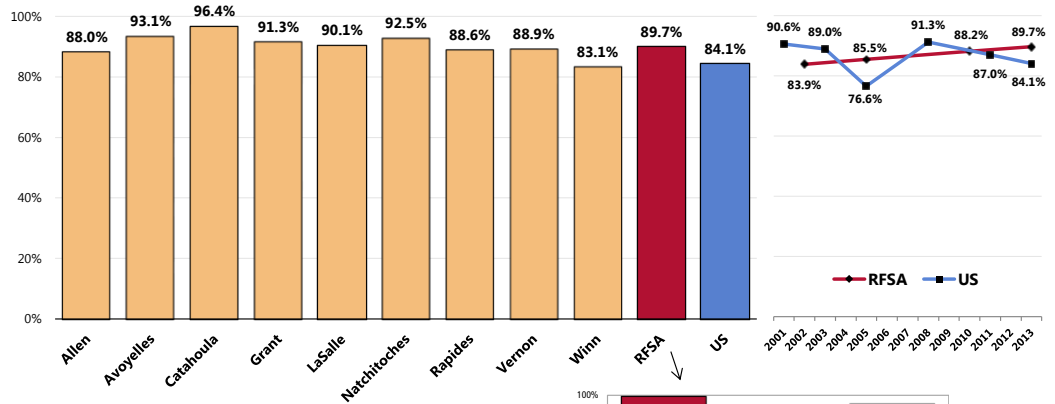
Children

Among surveyed parents, 89.7% report that their child has had a routine checkup in the past year.

- Higher than national findings.
- Highest among children in Catahoula Parish.
- 📈 Note the consistent and significant increase in the proportion of children's routine checkups since 2002.
- 👨👩👧 Note that routine checkups are highest in the RFSa among children under age 5.

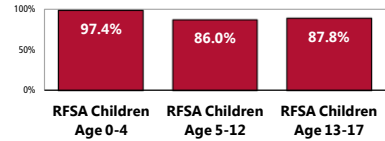
Child Has Visited a Physician for a Routine Checkup in the Past Year

(Rapides Foundation Service Area Parents of Children <18, 2013)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 137]
 • 2013 PRC National Health Survey, Professional Research Consultants.

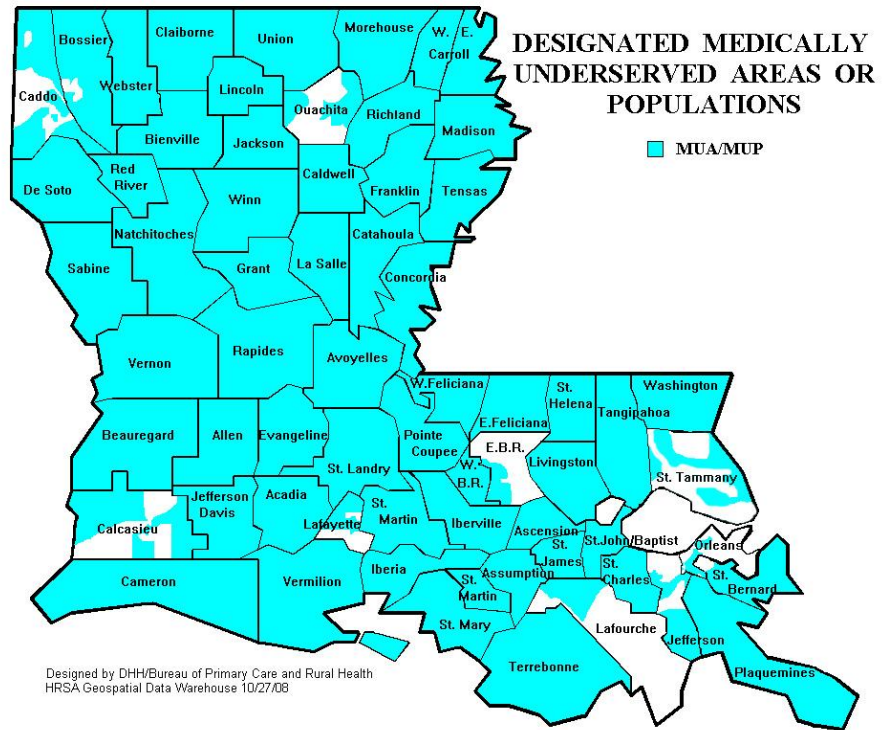
Notes: • Asked of all respondents with children under 18 at home.



Medically Underserved Areas/Populations (MUAs/MUPs)

Medically Underserved Areas/Populations are areas or populations designated by the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA) as having: too few primary care providers; high infant mortality; high poverty; and/or high elderly population.

Note in the following map that each of the nine parishes in the Rapides Foundation Service Area is designated as a Medically Underserved Area/Population.



Health Professional Shortage Areas: Primary Care

Health Professional Shortage Area (HPSA) designations are approved by the federal Office of Shortage Designation (OSD) in the Health Resources and Services Administration (HRSA) located in Rockville, Maryland. Louisiana's Bureau of Primary Care and Rural Health (BPCRHR) typically submits requests pertaining to areas within the state. Designated HPSAs are valid for three years and are reviewed in the last year. Upon review, if the area continues to qualify, an updated request is submitted to OSD.

Several assistance programs use HPSA designations as a requirement when approving grants and other funding. These include J-1 Visa Waivers, National Health Service Corps Scholar and Loan Repayment Programs, Louisiana's State Loan Repayment Program, the 10% Bonus Medicare Incentive Program (geographic HPSAs only), designating rural health clinics (RHCs) and federally qualified health centers (FQHCs), and several grants.

Primary Care designations pertain to an area's access to physicians that practice principally in one of the following: family practice, general practice, internal medicine, pediatrics, and OB/GYN. A ratio is used to measure the level of primary care access. To be considered underserved a ratio of $\geq 3,500$ possible patients to one (1) primary care

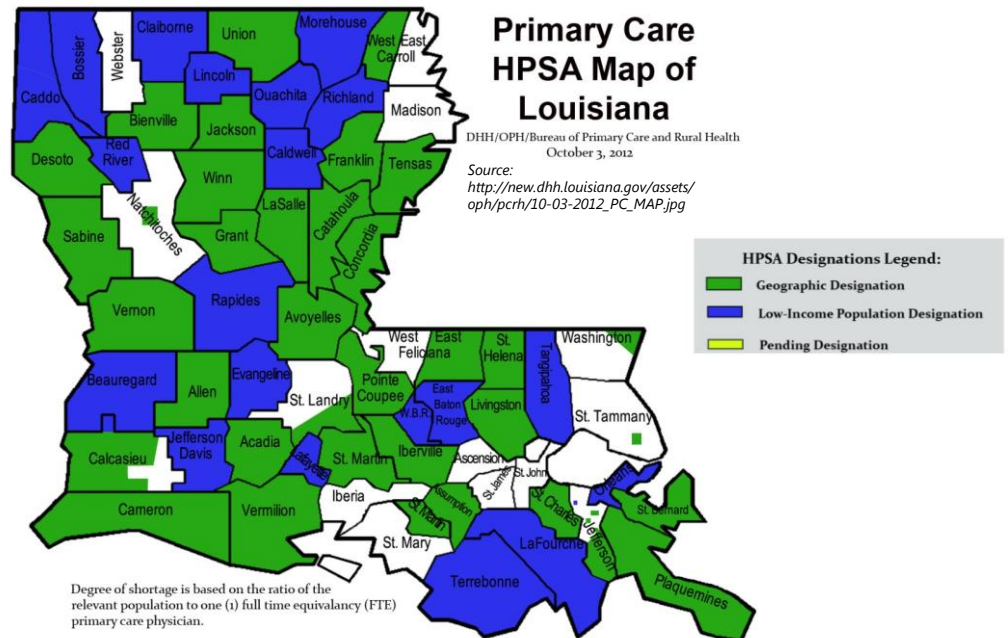
physician FTE (full-time equivalent) is usually required. The ratio is 3,000:1 for High Needs (High Needs is used if the 200% Federal Poverty Level for the area is over 20%). Provider FTEs are determined by taking the number of hours per week the physician spends in primary care services, either in-office or on-rounds at the hospital, divided by 40. The total of these FTEs is divided by the total resident/civilian population of the area.

For each of the three HPSA Designation types, there are three sub-categories, which include:

- **Geographic designations**—these take into account the entire population of the requested area to all available primary care physicians.
- **Population Group designations**—these are special groups. The most common of these are Low Income and Medicaid-Eligible designations. Low income designations use a ratio built upon the low income population of the area and the physicians providing services to this population. Medicaid-eligible designations are based on the number of Medicaid-eligible people and the physicians that accept Medicaid.
- **Facility designations**—these look at a facility’s outpatient census, waiting times, patients’ residences and in-house faculty to evaluate a facility’s designation eligibility.

In the Rapides Foundation Service Area, Allen, Avoyelles, Catahoula, Grant, LaSalle, Natchitoches (portion), Vernon and Winn parishes all have geographically designated HPSAs.

Rapides Parish has a population group HPSA designation for low income residents.

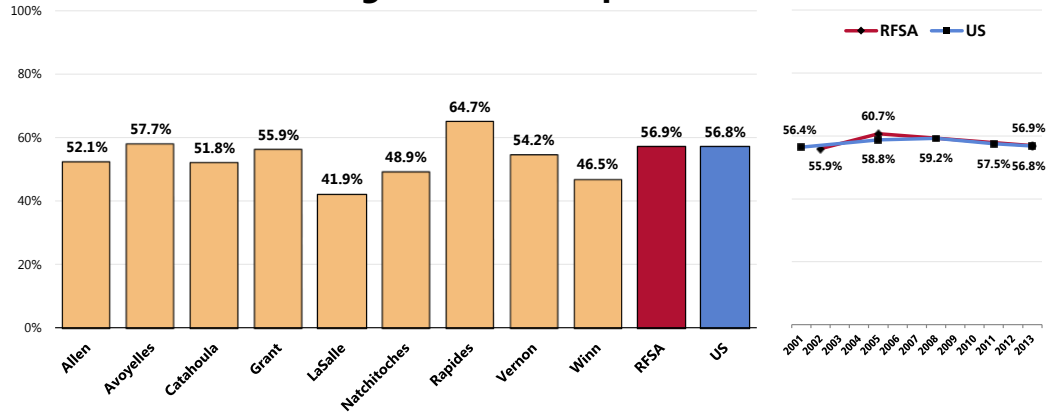


Vision Care

A total of 56.9% of residents have had an eye exam in the past two years during which their pupils were dilated.

- Almost identical to national findings.
- Unfavorably low in LaSalle, Natchitoches, and Winn parishes; highest in Rapides Parish.
- ▨ No real change over time.

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated



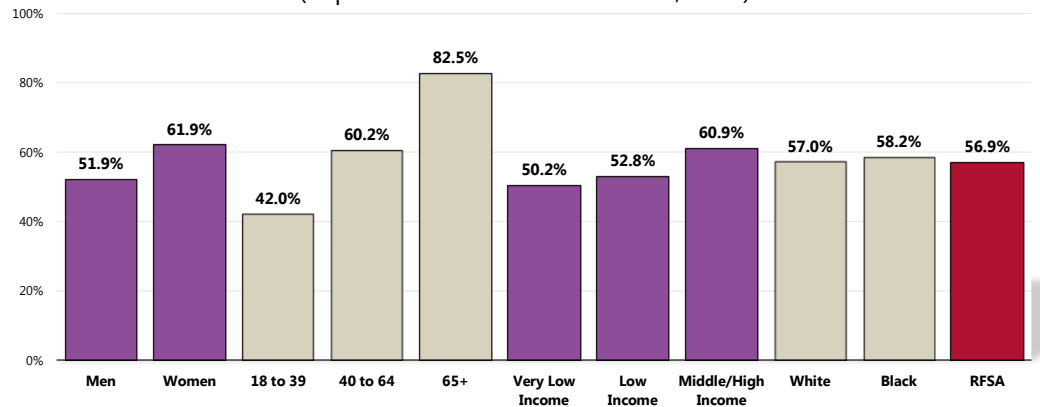
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 21]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

Recent vision care is less often reported among:

- 👤 Men
- 👤 Young adults.
- 👤 Residents with lower incomes.

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated (Rapides Foundation Service Area, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 21]

Notes: • Asked of all respondents.

• Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

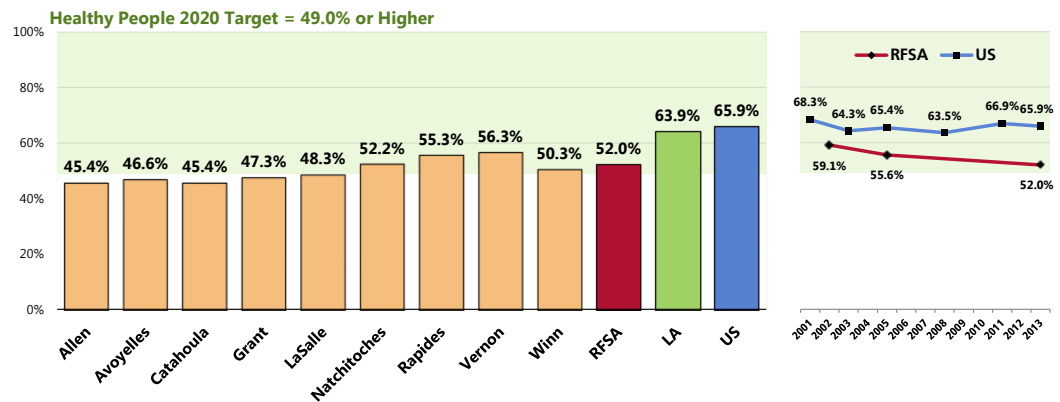
Dental Care

Adults

A total of 52.0% of RFSA adults have visited a dentist or dental clinic within the past year.

- Lower than found statewide.
 - Lower than found nationally.
 - Satisfies the Healthy People 2020 goal (49.0% or higher).
 - Unfavorably low in Allen, Avoyelles, and Catahoula parishes; statistically high in Rapides Parish. (Note that, while Vernon Parish appears to have a higher percentage, it is not "statistically" high because of a lower sample size/higher error rate.)
- 📉 Dental care in the RFSA has worsened since 2002.

Have Visited a Dentist or Dental Clinic Within the Past Year

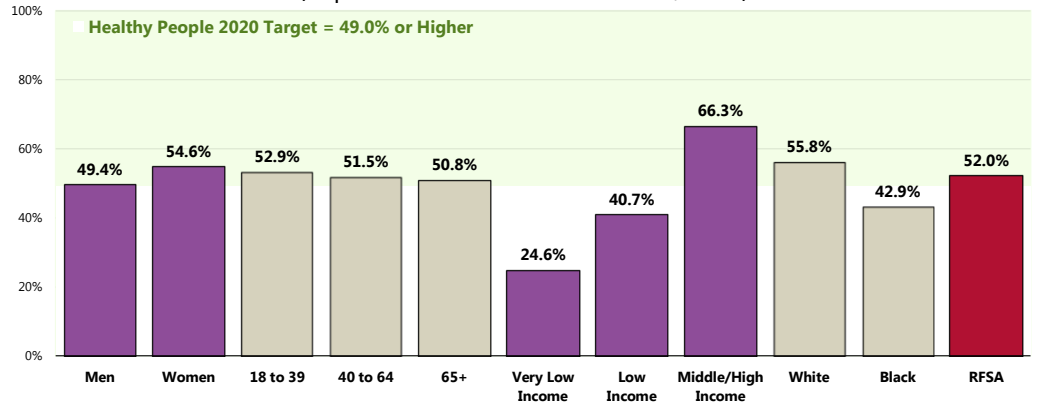


- Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 22]
 - 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2010 Louisiana data.
- Notes:
- Asked of all respondents.
 - Because the CDC implemented changes to the BRFSS weighting methodology in 2011, state findings might not be directly comparable to the regional or national findings outlined in this report.

- 👤 Recent dental care in the service area is less often reported among men, lower-income adults (especially), and Blacks.

Have Visited a Dentist or Dental Clinic Within the Past Year

(Rapides Foundation Service Area, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 22]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]
 Notes: • Asked of all respondents.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

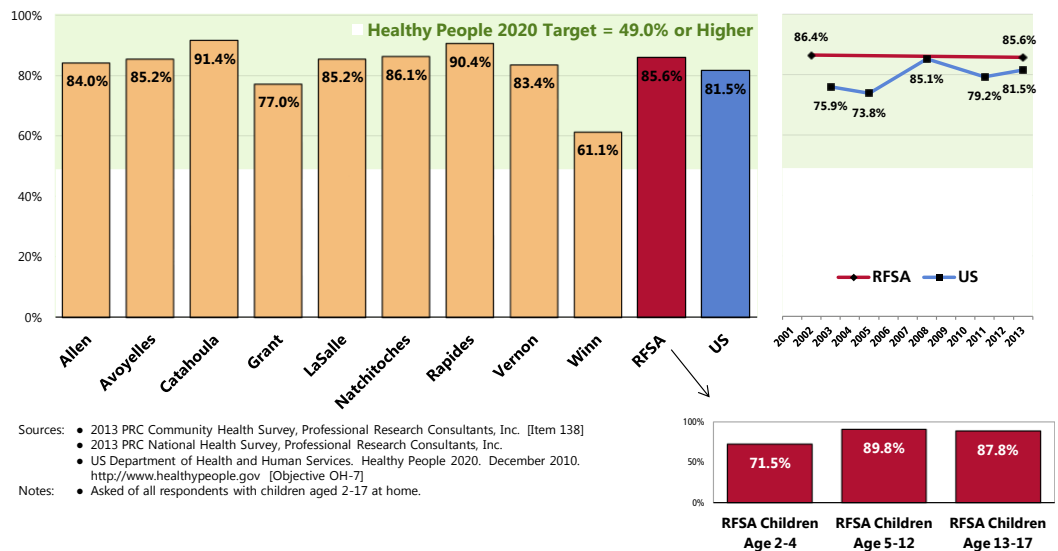
Children

A total of 85.6% of parents report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.

- Statistically similar to national findings.
- Lower in Grant and especially Winn parishes; statistically high in Rapides Parish.
- 📊 Statistically unchanged over time.
- 👪 As might be expected, recent dental care is lower among children age 2-4.

Child Has Visited a Dentist or Dental Clinic Within the Past Year

(RFSA Parents of Children Age 2-17)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 138]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]
 Notes: • Asked of all respondents with children aged 2-17 at home.

Health Professional Shortage Areas: Dental Care

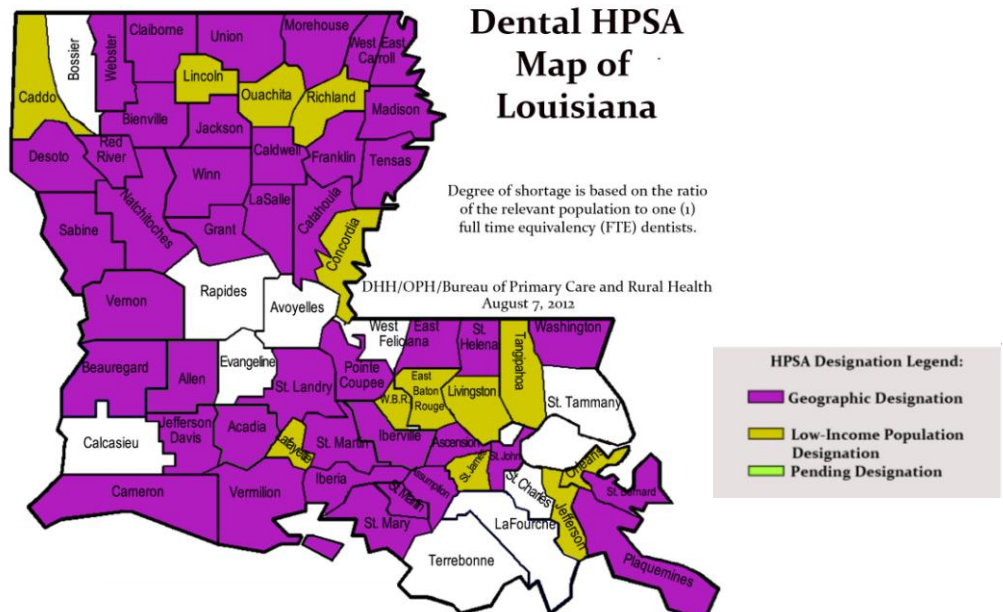
Health Professional Shortage Area (HPSA) designations are approved by the federal Office of Shortage Designation (OSD) in the Health Resources and Services Administration (HRSA) located in Rockville, Maryland. Louisiana's Bureau of Primary Care and Rural Health (BPCRH) typically submits requests pertaining to areas within the state. Designated HPSAs are valid for three years and are reviewed in the last year. Upon review, if the area continues to qualify, an updated request is submitted to OSD.

Dental designations (like primary care designations) are approved by the Shortage Designation Branch. These are designated on a similar ratio scheme. Dental FTEs are calculated by starting with the number of hours of patient care worked per week provided by the dentist. The FTE is then weighted according to the dentist's age and number of in-house assistants the dentist employs. A ratio of $\geq 5,000$ possible patients to one (1) dentist FTE is required or 4,000:1 for High Needs areas.

For each of the three HPSA Designation types, there are three sub-categories, which include:

- **Geographic designations**—these take into account the entire population of the requested area to all available dentists.
- **Population Group designations**—these are special groups. The most common of these are Low Income and Medicaid-Eligible designations. Low income designations use a ratio built upon the low income population of the area and the physicians providing services to this population. Medicaid-eligible designations are based on the number of Medicaid-eligible people and the physicians that accept Medicaid.
- **Facility designations**—these look at a facility's outpatient census, waiting times, patients' residences and in-house faculty to evaluate a facility's designation eligibility.

In the Rapides Foundation Service Area, Allen, Catahoula, Grant, LaSalle, Natchitoches, Vernon and Winn parishes all have geographically designated HPSAs for dental care.



Related Focus Group Findings: Oral Health

Many focus group participants discussed oral health in the community, with primary concerns including the following:

- Importance of regular preventive dental care
- Dental insurance
- Few pediatric dentists

Focus group participants agree that neglect of oral health can result in a significant decrease to a person's overall health, can increase the chances of poor health outcomes, and result in chronic pain. Attendees recognize the **importance of regular preventive dental care**; however, many residents face barriers in accessing dental treatment without **dental insurance**.

For residents without dental insurance, many cannot afford basic care and do not obtain any dental services. In Winn Parish, the Winn Community Health Center has a full-time dentist and two part-time hygienists. That clinic operates with a wait list for cleanings, but hopes to increase the hygienists' hours soon. For residents *with* health insurance but no dental coverage, they do not qualify for the Community HealthWorx dental clinic. Uninsured individuals frequent the emergency room to obtain antibiotics for infections or abscesses. A participant describes the frustrations trying to provide oral healthcare to the entire community:

"So we decided we'd start this emergency clinic for extracts only. Well, all of a sudden, we find out we're not really inundated with patients that we thought we'd be. They're not coming to this clinic. They're still going to the emergency room. So then we start trying to send them to this clinic and find out they have medical insurance. So now, they're still an in-between patient. So there are people who are still falling through the cracks." — Rapides Parish Healthcare Professional

"Allen is one of the few parishes that all first, second, and sixth grades are eligible to have a screening and a sealant. When we get to sixth grade, we maybe only have 20 percent. The problem is that the parents, to get to a dentist, have to take off work because they are usually the hourly wage employee. They have to take a half a day off, so they don't get paid...So we are constantly seeing more and more problems in our dental health in the parish. It's not the same equal playing field as in the medical facility. They don't have an emergency room. When a child has a toothache, they'll take them to the emergency room for a band aid fix and not have the problem fixed." — Allen Parish Key Informant

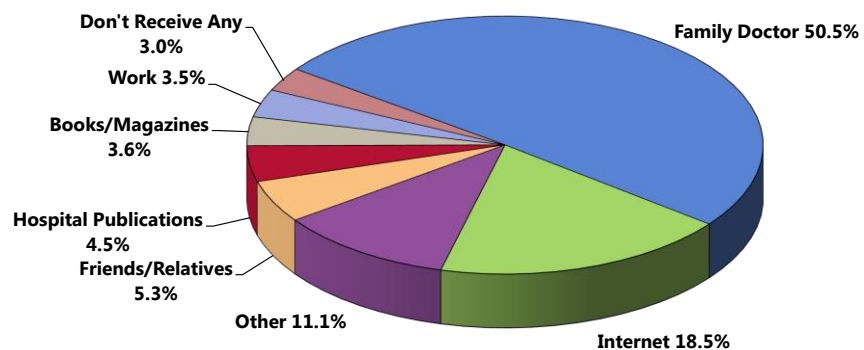
In addition, **few pediatric dentists** operate in the region and of those that do, even fewer accept Medicaid recipients. Many times this is due to the low reimbursement rates and the high no show rate for this population.

Healthcare Information Sources

According to survey data, family physicians and the Internet are residents' primary sources of healthcare information.

- 50.5% of adults cited their **family physician** as their primary source of healthcare information.
- 18.5% of adults cited the **Internet** as their primary source of healthcare information.
- ☒ Note that mention of the **Internet** as a primary source of information has increased significantly from 5.9% in 2002 (not shown in the following chart).

Primary Source of Healthcare Information
(Rapides Foundation Service Area, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 121]
Notes: • Asked of all respondents.

Related Focus Group Findings: Health Education & Prevention

Focus group attendees agree that health education and prevention are critical components in creating and maintaining healthy lifestyles. Primary concerns among participants include:

- Overall low educational attainment
- Low health literacy
- Complacency
- Cultural traditions
- Must provide education where people live, work and play
- Utilize faith-based organizations

Focus group participants agree that health education is an important aspect of prevention and improving the overall health of community members, but that the community suffers from **overall low educational attainment**. Organizations need to first work to improve the general level of education residents possess.

"To change the health of a population, one of the first things is to raise the overall education level of the population. It's not just health education. I don't know if you target health education and you still have an uneducated population, do you really accomplish much? It's a reflection of so many aspects, but education level and socioeconomic status – those two things just are fixed." — Rapides Parish Healthcare Professional (Group 2)

Many community members lack basic health knowledge and the community possesses **low health literacy levels**. Agencies need to tailor their messages accordingly and provide education at appropriate age and reading levels.

"It's distressing to me to see how young the population is that comes to the clinic that No. 1, are already diabetic that are 30-year-old mothers who already have peripheral neuropathy from diabetes and I'm just amazed every day when I see the population that comes into the clinic that I take care of. Now the educational level of the individuals as well, you try and give them the information and the education and unfortunately, it doesn't go very far. It's every aspect of their environment, their home, and what they have to deal with in order to live every day." — Natchitoches Parish Key Informant

Physicians also struggle with not having enough time to fully explain the disease process to patients:

"I don't have time to sit there and explain to them how diabetes and smoking destroys their blood vessels and it destroys the blood vessels in their eyes, their kidneys. They may feel just fine with a sugar of 230 and a blood pressure of 190 over 100. But in 10 to 15 years from now their hearts are going to be ruined, their kidneys are going to be ruined, their eyes are going to be ruined. Cause at the moment they feel fine. And they just don't know what these diseases are doing to their bodies and to their, you know the damage that's being created." — Catahoula Parish Key Informant

In addition, community members do not know about available resources and struggle to learn how to navigate the complex healthcare system.

"I think part of what you said about education also relates to how difficult it is to use the system and to learn how to use the system. Because it's hard to know who should I go to? It's such a specialty system and by the time you learn or figure out which specialist you're supposed to go to, you've just had it. Life is taking too much of you. You can't spend any more time on this. I don't think the system is easy to use. I don't think the healthcare system is intuitive or once you get into it, all the questions that you're asked or how do you do the insurance and how do you file this and who do you send it to." — Community Health Needs Assessment Advisory Committee Member

Other residents think that if they feel "fine," then they do not need to visit a healthcare provider for a routine checkup.

"A certain population that I see that I'm doing their blood pressure, they don't come in for that, but I just do it and you'd be surprised. One guy's was like 180/110 and he said, 'I feel fine. I've never had trouble with my blood pressure.' Well, you do now." — Vernon Parish Key Informant

Residents also participate in unhealthy activities because they do not know any better, and attendees question whether residents are interested in learning to be healthier. The

high level of **complacency** in the community makes it difficult to engage residents. A participant explains this reality:

"Rather than allow in some of these other things that might improve or lift us, we're digging in our heels and saying, 'No, we're not going to change. We're going to be the same that we've been. We're happy. We may not have any money but we're happy or we're drinking, we're watching TV, we're going to work, we're drinking, whatever, and we're making it till the next day.'" — Community Health Needs Assessment Advisory Committee Member

Other residents may just push their health aside because of their busy lifestyle:

"I see people that have the means and the education to get the treatment but it's a disregard, 'I'll check on it later,' or 'I've had this for years,' and they don't seek the attention that they should need and then it's too late. I'm surprised how many people we find that that's happened to. So it's not just the things you're talking about but the people that just, 'I'm too busy for that now. As soon as this crop is in, I'll get it done.' And then the next thing you know, it's too late." — Natchitoches Parish Key Informant

Additional barriers to good health stem from **cultural traditions** and participants recognize that it can take generations to change people and the cultural norms. Currently, the community still exists on old wives tales or hearsay from neighbors. Overall, participants agree that community members remain apathetic toward their own health, and participants feel frustrated by the community's lack of effort toward making positive health choices. Health fairs do not have good attendance and residents do not appear receptive to information.

"We're comfortable in our bad habits, we're comfortable in our ruts; we'd rather think that it's safe to do this thing or safe to take that kind of drug, when it's not. The food habits are probably the worst of all and it's the most broad-based problem of all. I offer to come to your house and help you through the process; you wouldn't want me to do it. It's just not what you want to hear and I don't know how you break through that." — Rapides Parish Community Leader/Social Service Representative

The current prevention programming appears broad, not deep, and poorly funded. With limited funds, many agencies find it difficult to focus on prevention. Attendees worry about the sustainability of programs because when grants expire, so do the services.

Currently many parishes do not have large healthcare facilities in their areas, so residents rely on The Rapides Foundation for screening services. Focus group members stress that agencies must **provide education where people live, work, play, and pray**. Employers and schools need to offer more education since these organizations have captive audiences. School-based health clinics currently attempt to educate parents of chronically ill students with both written and verbal communications.

Life Skills represents one program providing prevention education to 3rd through 5th grade. Focus group attendees also believe that local non-profits need to **capitalize on relationships which the faith-based organizations have in the community**. Agencies must work with the churches and educate between services. For other health issues, a participant describes how agencies need to "sneak" in the message:

"You have to try to kind of find the place where people are going to be anyway and sneak it in on them when they're not expecting it, some kind of way or develop some sort of social media campaign or something. Because if you have an event just to talk about diabetes or HIV or teen pregnancy you're going to be pretty disappointed with the size of the crowd." — Rapides Parish Community Leader/Social Service Representative

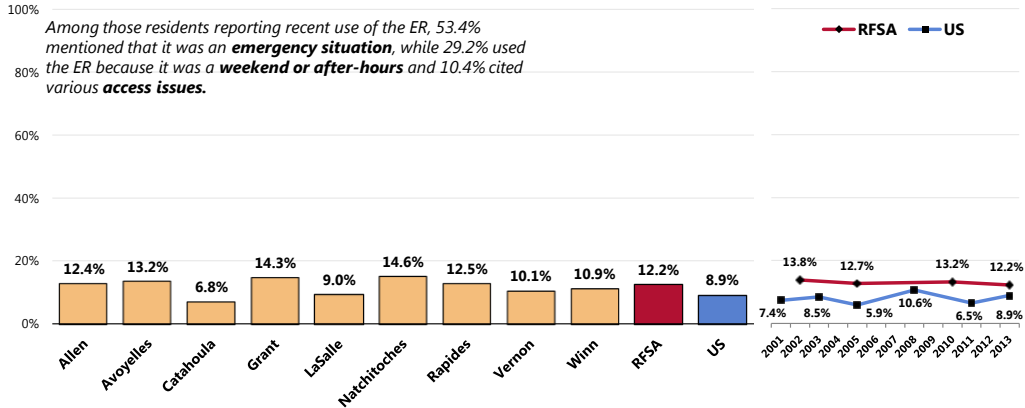
Several participants feel that organizations need to withhold money or services in order to get people to change, listen, or even attend educational events. Other participants believe that events must provide food and door prizes to get people to the door, but attendees in general do not think that health fairs are well attended or make a real impact on the community's health.

Emergency Room Services

A total of 12.2% of adults throughout the RFSA have gone to a hospital emergency room more than once in the past year about their own health.

- Higher than the national prevalence.
- Favorably low in Catahoula Parish.
- ☒ Statistically unchanged from the previous findings.

Have Used a Hospital Emergency Room More Than Once in the Past Year



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 23-24]
 ● 2013 PRC National Health Survey, Professional Research Consultants.
 Notes: ● Asked of all respondents.

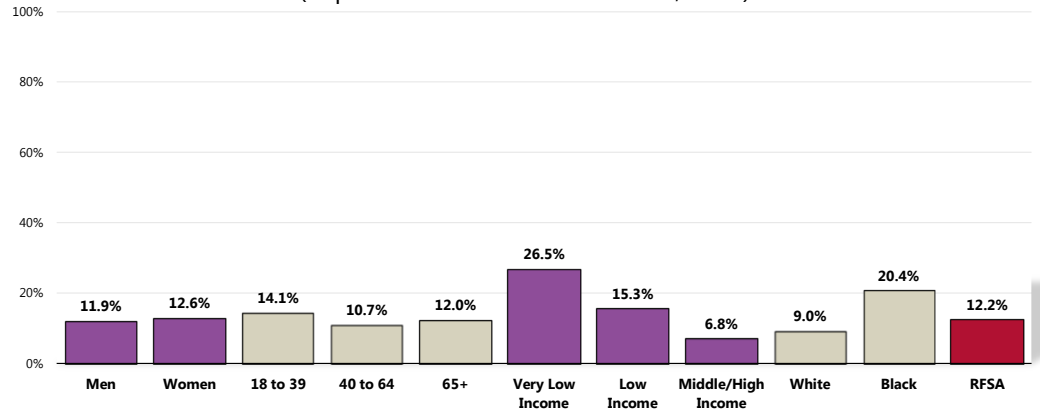
When asked why they used the ER instead of a doctor’s office, 53.4% say this was due to an **emergency or life-threatening situation** (lower than the 67.5% reported nationally), while 29.2% indicated that the visit was during **after-hours or on the weekend** (higher than the 17.9% across the US) and 10.4% cited some type of primary care **access barrier** (higher than the 6.2% nationally).

Note that multiple ER visits were most often noted among:

- ☒ Adults age 18 to 39.
- ☒ Residents living at lower incomes (note the negative correlation).
- ☒ Blacks.

Have Used a Hospital Emergency Room More Than Once in the Past Year

(Rapides Foundation Service Area, 2013)

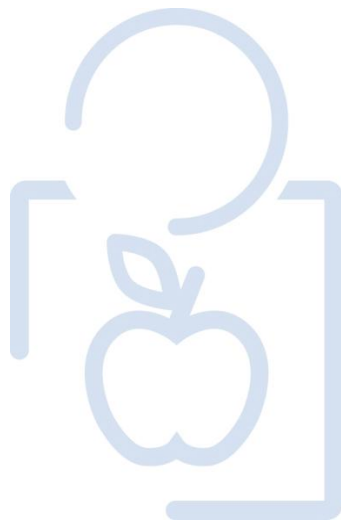


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 23]

Notes: • Asked of all respondents.

• Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

DEATH & DISABILITY

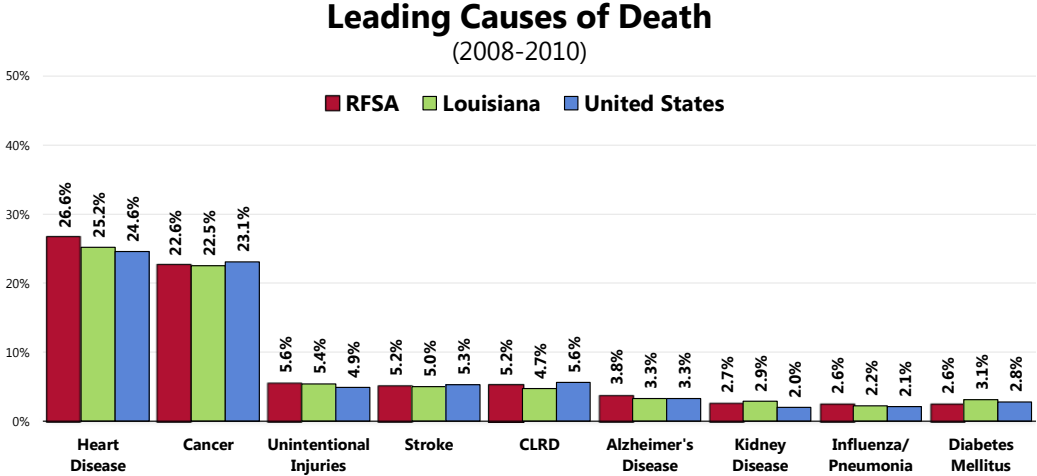


Leading Causes of Death

Distribution of Deaths by Cause

Together, cardiovascular disease (including both heart disease and stroke) and cancers accounted for over one-half of all deaths in the Rapides Foundation Service Area between 2008 and 2010.

- Note the higher proportion of RFSA deaths attributed to heart disease when compare to the state and especially the US overall.

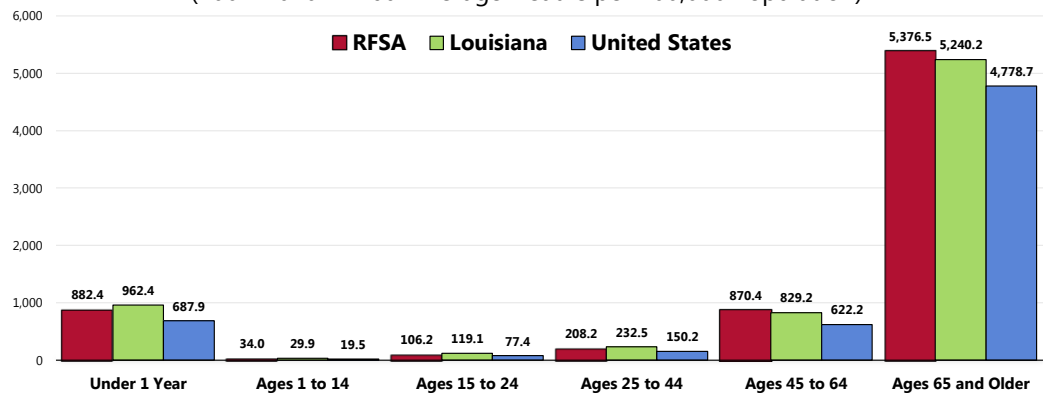


Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
 Notes: Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 CLRD is chronic lower respiratory disease.

The following chart shows crude mortality (death) rates by age groups in the RFSA, in comparison with state and national rates. Crude death rates represent the number of deaths in relation to the population size (such as deaths per 100,000 population, as is used here).

- Compared to state and national rates, RFSA mortality rates among adults age 45-64 and among 65+ are particularly higher.
- Infant deaths (under age 1) are also notably higher compared to the nation.

Crude Death Rate by Age Group (2001-2010 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Crude rates are not age-adjusted.

In addition, the following table provides a breakout of the top three leading causes of death by age group in the RFSa between 2008 and 2010.

- Note that accidents are the leading cause of death in RFSa residents age 1 to 44; past age 44, cardiovascular disease (heart disease and stroke) emerge as the leading cause of death.

Leading Causes of Death by Age Group (Rapides Foundation Service Area, 2008-2010 Deaths)

	Under 1 Year	Ages 1 to 14	Ages 15 to 24	Ages 25 to 44	Ages 45 to 64	Ages 65+
#1	Perinatal Conditions	Accidents (namely motor vehicle, drowning, and smoke/fire)	Accidents (mostly motor vehicle)	Accidents	Cardiovascular Disease	Cardiovascular Disease
#2	Congenital Conditions	Congenital Conditions	Homicide	Cardiovascular Disease	Cancer	Cancer
#3	Accidents (non-transport)	Homicide	Suicide	Cancer	Accidents	Chronic Lower Respiratory Disease

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.

Age-Adjusted Death Rates: All Causes

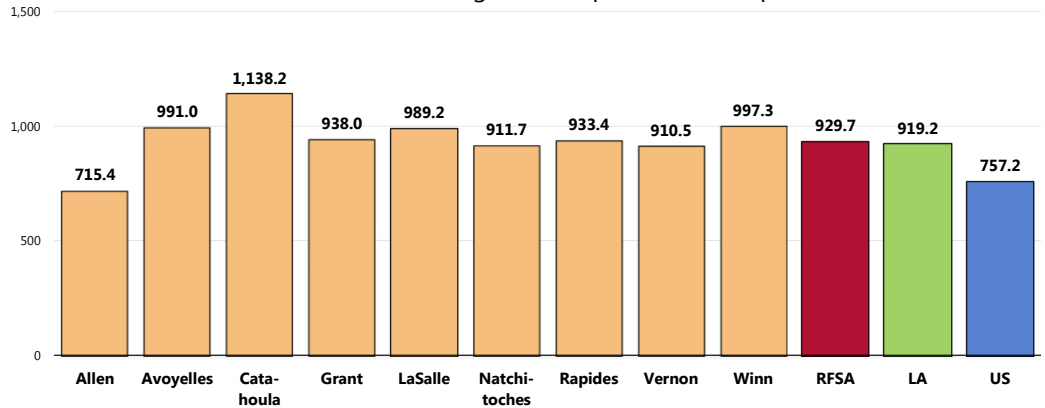
In order to compare rates among localities (parish to parish, as well as against Louisiana and United States rates) without undue bias toward younger or older populations, the common convention is to adjust the data to some common baseline age distribution. Use of these "age-adjusted" rates provides the most valuable means of gauging mortality against benchmark data, as well as *Healthy People 2020* targets.

Between 2008-2010, there was an annual average of 929.7 age-adjusted deaths per 100,000 population.

- Higher than the Louisiana rate.
- Well above the national mortality rate.
- Ranges from 715.4 in Allen Parish to a high 1,138.2 in Catahoula Parish.

All Causes: Age-Adjusted Mortality

(2008-2010 Annual Average Deaths per 100,000 Population)

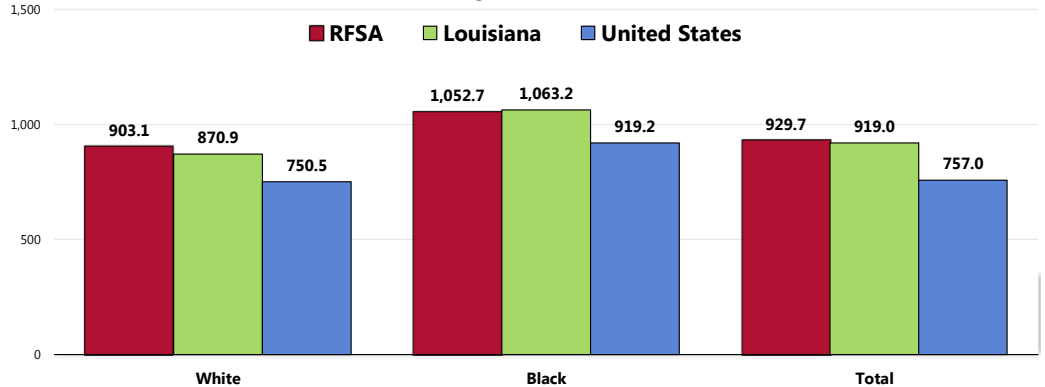


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

Viewed by race, the age-adjusted rate for all causes of death is somewhat higher among Blacks than among Whites in the RFSA (as it is statewide and nationally).

All Causes: Age-Adjusted Mortality by Race

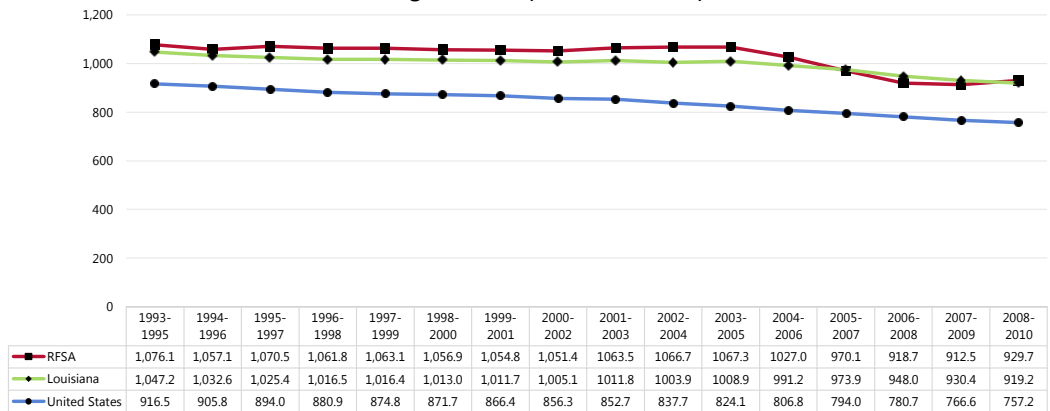
(2008-2010 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

☒ Note the overall decreasing trend in age-adjusted mortality for all causes in the RFSa (with the most notable declines in the early to mid 2000s). This downward trend can also be seen statewide and nationally.

All Causes: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
 Notes: • Deaths from 1999 forward are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10); pre-1999 data were coded using ICD-9 coding.
 • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
 • State and national data are simple three-year averages; the RFSa three-year average is weighted by population.
 • NOTE: 2006-2008 deaths for Allen Parish are underreported due to problems registering deaths with the Louisiana Vital Statistics Office.

Age-Adjusted Death Rates for Selected Causes

The following chart outlines 2008-2010 annual average age-adjusted death rates per 100,000 population for selected causes of death in the RFSa.

Note that, with the exceptions of suicide and cirrhosis/liver disease deaths, RFSa death rates are worse than US rates for each of the selected causes. RFSa death rates also fail to meet the available Healthy People 2020 objectives for all available targets.

Age-Adjusted Death Rates for Selected Causes (2008-2010* Deaths per 100,000 Population)

	RFSa	LA	US	HP2020
Diseases of the Heart	246.6	232.6	184.7	158.9*
Malignant Neoplasms (Cancers)	203.6	200.6	174.2	160.6
Cerebrovascular Disease (Stroke)	49.4	47.0	40.3	33.8
Unintentional Injuries	52.1	49.1	38.2	36.0
Chronic Lower Respiratory Disease (CLRD)	47.8	43.4	43.2	n/a
Alzheimer's Disease	37.9	32.1	25.0	n/a
Pneumonia/Influenza	25.4	20.6	16.4	n/a
Motor Vehicle Deaths	23.4	18.5	11.9	12.4
Kidney Diseases	25.5	27.2	15.2	n/a
Diabetes Mellitus	24.0	28.2	21.3	20.5*
Drug-Induced	13.7	14.5	12.7	11.3
Firearm-Related	13.4	18.6	10.2	9.2
Intentional Self-Harm (Suicide)	11.4	11.1	11.8	10.2
Cirrhosis/Liver Disease	9.0	8.0	9.2	8.2
Homicide/Legal Intervention	7.1	12.3	5.6	5.5
HIV/AIDS**	5.3	8.0	4.0	3.3

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
 • Centers for Disease Control and Prevention, National Center for Health Statistics. Health, United States, 2004.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov>
 Note: • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population and coded using ICD-10 codes.
 • *The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart; the Diabetes target is adjusted to reflect only diabetes mellitus-coded deaths.
 • Parish, state and national data are simple three-year averages, the RFSa three-year averages are weighted by population.
 • **Due to low numbers of deaths, HIV/AIDS rates represent 2001-2010 data.

For infant mortality data, see "Maternal, Infant & Child Health."

Years of Potential Life Lost (YPLL)

According to County Health Rankings (www.countyhealthrankings.org):

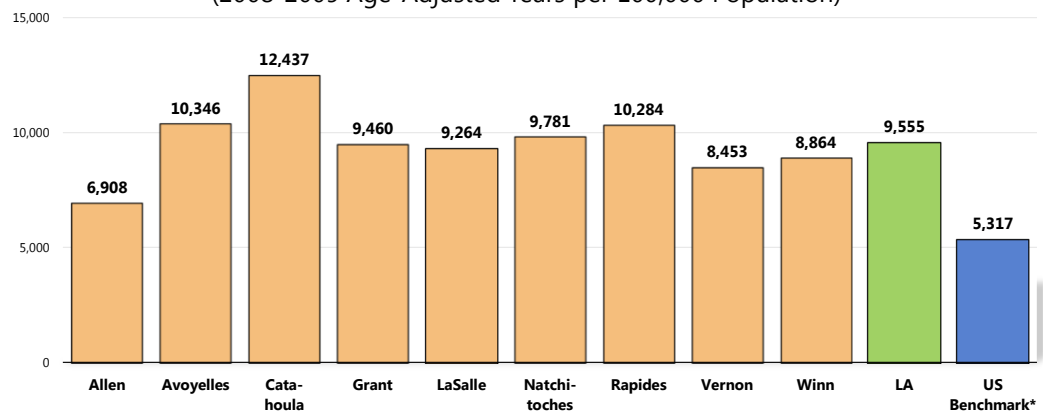
YPLL is a widely used measure of the rate and distribution of premature mortality. The measure was introduced mainly because simple mortality rates do not fully address the issue of premature death, the impact of disease and death, and their cost to society.

YPLL emphasizes deaths of younger persons, whereas statistics that include all mortality are dominated by deaths of the elderly. For example, using YPLL-75, a death at age 55 counts twice as much as a death at age 65, and a death at age 35 counts eight times as much as a death at age 70. Including all mortality instead of YPLL could draw attention to areas with higher mortality rates among the oldest segment of the population, where there may be little that can be done to change chronic health problems that have developed over many years.

YPLL is not without weaknesses. The measure can be difficult for lay people and public health practitioners to interpret. Further, deaths that occur after the age limit are not accounted for at all. Because of this, YPLL can fail to completely capture the burden of chronic disease, especially if the age cut-off is set too low.

In the Rapides Foundation Service Area, Catahoula Parish experienced the highest YPLL rate in 2008-2009, followed by Avoyelles, Rapides and Natchitoches parishes (all of which are above the statewide YPLL rate).

Years of Potential Life Lost (YPLL) Before Age 75 (2008-2009 Age-Adjusted Years per 100,000 Population)



Sources: • National Center for Health Statistics and County Health Rankings: www.countyhealthrankings.org.
Notes: • Premature death is represented by the years of potential life lost before age 75 (YPLL-75). Every death occurring before the age of 75 contributes to the total number of years of potential life lost. For example, a person dying at age 25 contributes 50 years of life lost, whereas a person who dies at age 65 contributes 10 years of life lost to a parish's YPLL. The YPLL measure is presented as a rate per 100,000 population and is age-adjusted to the 2000 US population.
• US Benchmark is the 90th percentile among all US states.

Death rates and disease incidence rates for the RFSA are calculated using individual parish-level rates, weighted by population.

Related Focus Group Findings: Chronic Disease

All participants agree that chronic disease conditions persist in the community, and that many of these are preventable. Focus group participants mentioned the following chronic health conditions which continue to affect the community: diabetes, hypertension, obesity, chronic obstructive pulmonary disease, pneumonia, cardiovascular diseases, mental illness, substance abuse, cancer and autism.

Cardiovascular Disease

Heart disease and stroke—the principal components of cardiovascular disease—are the first and third leading causes of death in the United States, accounting for more than 40% of all deaths.

- About 950,000 adults die of heart disease or stroke each year, which amounts to one death every 33 seconds.
- Although heart disease and stroke are often thought to affect men and older people primarily, it is also a major killer of women and people in the prime of life. More than half of those who die of heart disease or stroke each year are women.
- Each year, about 63 of every 100,000 deaths are due to stroke.

Looking at only deaths due to heart disease or stroke, however, understates the health effects of these two conditions:

- About 61 million adults (almost one-fourth of the population) live with the effects of stroke or heart disease.
- Heart disease is a leading cause of disability among working adults.
- Stroke alone accounts for the disability of more than 1 million adults.
- Almost 6 million hospitalizations each year are due to heart disease or stroke.
- About 4.5 million stroke survivors are alive today.

The economic effects of heart disease and stroke on the US healthcare system grow larger as the population ages. In 2001, for example, the [nationwide] cost for all cardiovascular diseases was \$300 billion: for heart disease the cost was \$105 billion; for stroke, \$28 billion. Lost productivity due to stroke and heart disease cost more than \$129 billion.

– National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Age-Adjusted Heart Disease & Stroke Deaths

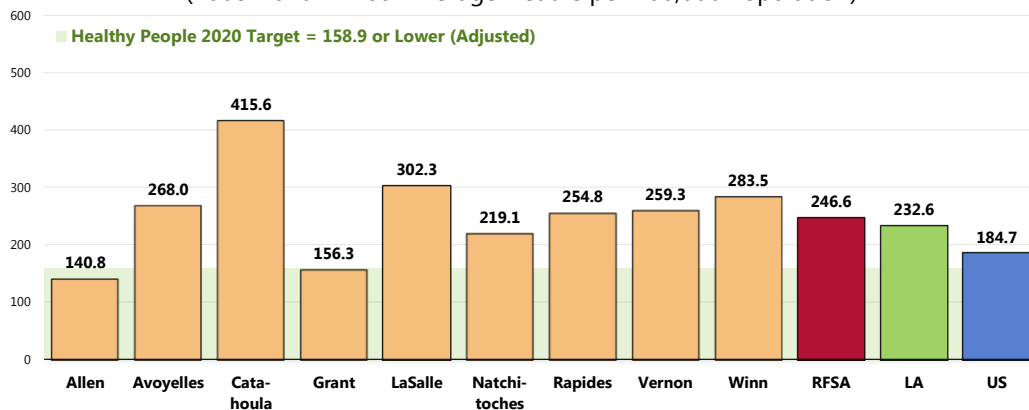
Heart Disease Deaths

Between 2008 and 2010, there was an annual average age-adjusted heart disease mortality rate of 246.6 deaths per 100,000 population in the RFSA.

- Higher than found statewide.
- Much higher than the national rate.
- Fails to satisfy the Healthy People 2020 objective (adjusted to account for all diseases of the heart).
- Highest (least favorable) in Catahoula, LaSalle, and Winn parishes; lowest (most favorable) in Allen, Grant, and Natchitoches parishes.

The greatest share of cardiovascular deaths is attributed to heart disease.

Heart Disease: Age-Adjusted Mortality (2008-2010 Annual Average Deaths per 100,000 Population)



Sources:

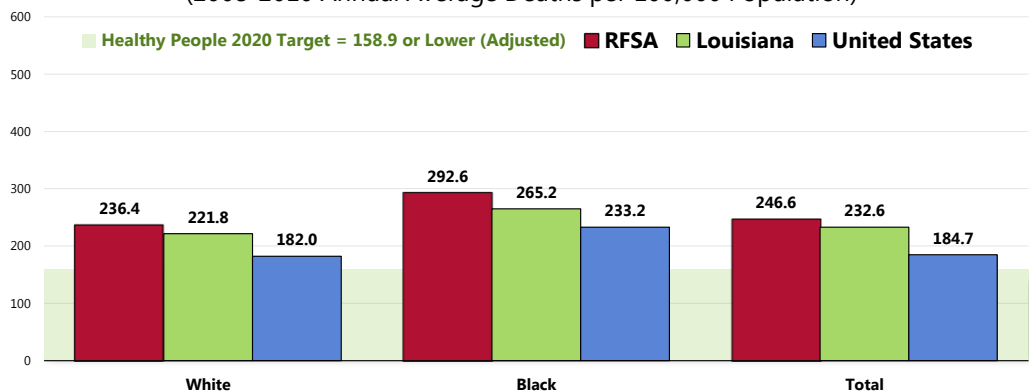
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-2]

Notes:

- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
- The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.
- NOTE: 2008 deaths for Allen Parish are underreported due to problems registering deaths with the Louisiana Vital Statistics Office.

By race, the age-adjusted heart disease mortality rate is higher among Blacks in the RFSA.

Heart Disease: Age-Adjusted Mortality by Race (2008-2010 Annual Average Deaths per 100,000 Population)



Sources:

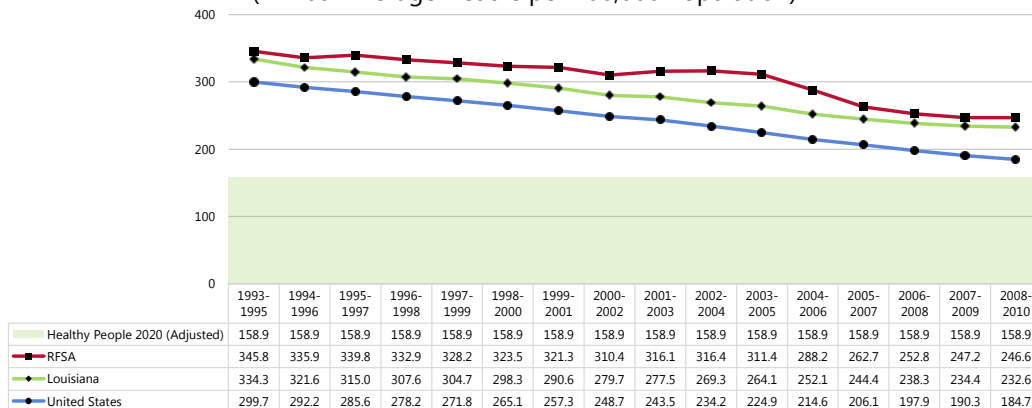
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-2]

Notes:

- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
- The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.
- NOTE: 2008 deaths for Allen Parish are underreported due to problems registering deaths with the Louisiana Vital Statistics Office.

Mortality rates have decreased across the RFSA over time, echoing the decreasing trends across Louisiana and the US overall.

Heart Disease: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-2]

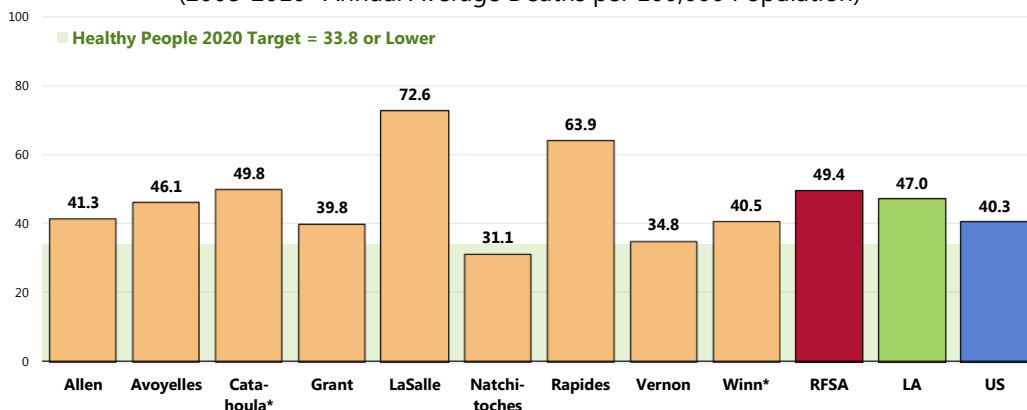
Notes: • Deaths from 1999 forward are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10); pre-1999 data were coded using ICD-9 coding.
 • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
 • State and national data are simple three-year averages; the RFSA three-year average is weighted by population.
 • The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.
 • NOTE: 2006-2008 deaths for Allen Parish are underreported due to problems registering deaths with the Louisiana Vital Statistics Office.

Stroke Deaths

Between 2008 and 2010, there was an annual average age-adjusted stroke mortality rate of 49.4 deaths per 100,000 population in the RFSA.

- Similar to the Louisiana rate.
- Higher than the national rate.
- Fails to satisfy the Health People 2020 target.
- Highest in Avoyelles, Catahoula, and especially LaSalle and Rapides parishes; particularly low in Natchitoches and Vernon parishes.

Stroke: Age-Adjusted Mortality (2008-2010* Annual Average Deaths per 100,000 Population)

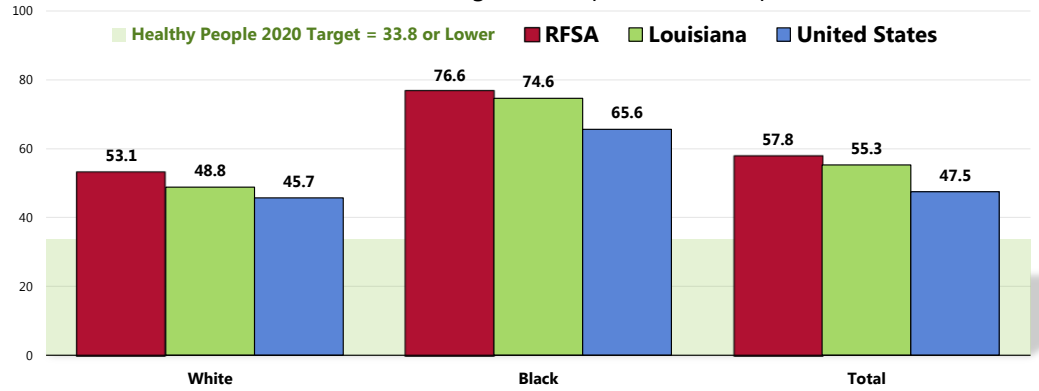


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-3]

Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
 • * Due to low numbers of deaths: the rate for Catahoula Parish represents 2001-2010 data; the rate for Winn Parish represents 2006-2010 data.
 • NOTE: 2008 deaths for Allen Parish are underreported due to problems registering deaths with the Louisiana Vital Statistics Office.

Stroke deaths are notably higher in the Black population.

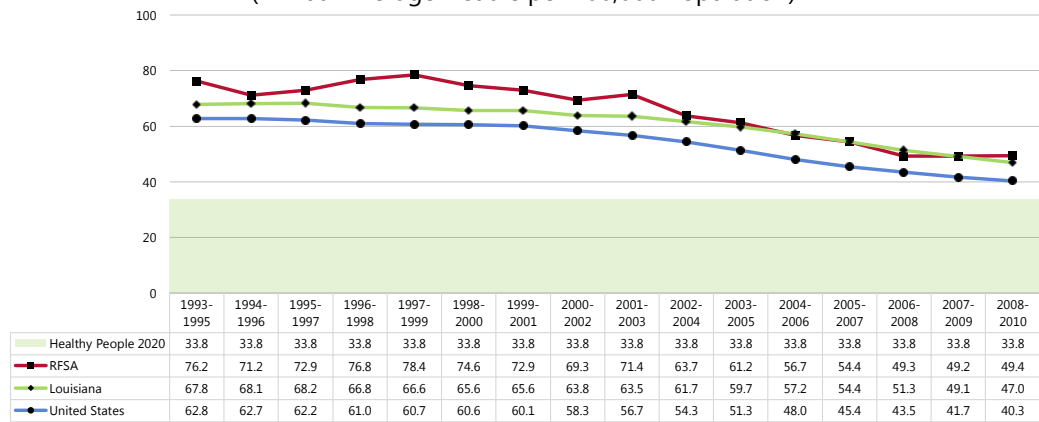
Stroke: Age-Adjusted Mortality by Race (2006-2010 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-3]
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
 • NOTE: 2006-2008 deaths for Allen Parish are underreported due to problems registering deaths with the Louisiana Vital Statistics Office.

Stroke mortality rates have declined considerably over the years.

Stroke: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-3]
 Notes: • Deaths from 1999 forward are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10); pre-1999 data were coded using ICD-9 coding.
 • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
 • State and national data are simple three-year averages; the RFSA three-year average is weighted by population.
 • NOTE: 2006-2008 deaths for Allen Parish are underreported due to problems registering deaths with the Louisiana Vital Statistics Office.

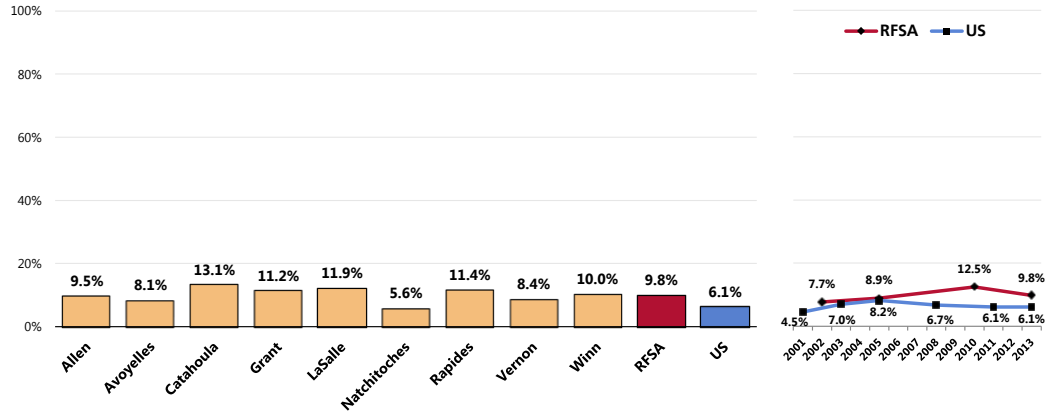
Prevalence of Heart Disease & Stroke

Prevalence of Heart Disease

A total of 9.8% of area adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina or heart attack.

- Worse than the national prevalence.
- Statistically high in Rapides Parish, lowest in Natchitoches Parish.
- ☒ The prevalence of chronic heart disease in the RFSA has increased significantly since the 2002 survey was conducted.

Prevalence of Heart Disease



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 158]
 • 2013 PRC National Health Survey, Professional Research Consultants.

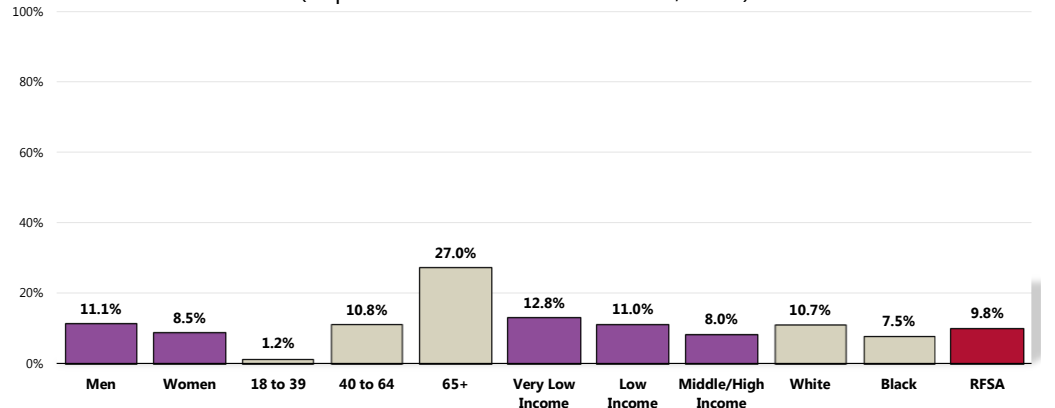
Notes: • Asked of all respondents.

Adults more likely to have been diagnosed with chronic heart disease include:

- ☒ Men.
- ☒ Seniors age 65+ (note the strong positive correlation with age).
- ☒ Residents living at lower incomes (note the negative correlation with income).
- ☒ Whites.

Prevalence of Heart Disease

(Rapides Foundation Service Area, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 158]

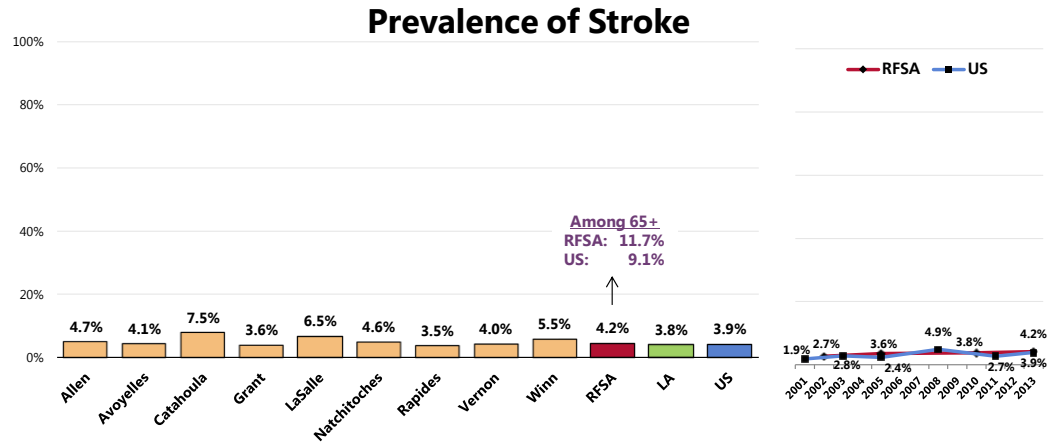
Notes: • Asked of all respondents.

• Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

Prevalence of Stroke

A total of 4.2% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

- Similar to statewide findings.
- Similar to national findings.
- Unfavorably high in Catahoula Parish.
- 📈 The prevalence of stroke in the RFSA has increased since 2002.
- 👥 Note the stroke prevalence among RFSA seniors (11.7%), which is statistically similar to what is found among seniors nationwide.



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 31]
 • 2013 PRC National Health Survey, Professional Research Consultants.
 • Behavioral Risk Factor Surveillance System (BRFSS) Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 Louisiana data.

Notes: • Asked of all respondents.
 • Because the CDC implemented changes to the BRFSS weighting methodology in 2011, state findings might not be directly comparable to the regional or national findings outlined in this report.

Cardiovascular Risk Factors

Hypertension (High Blood Pressure)

High blood pressure is known as the “silent killer” and remains a major risk factor for coronary heart disease, stroke, and heart failure. About 50 million adults in the United States have high blood pressure.

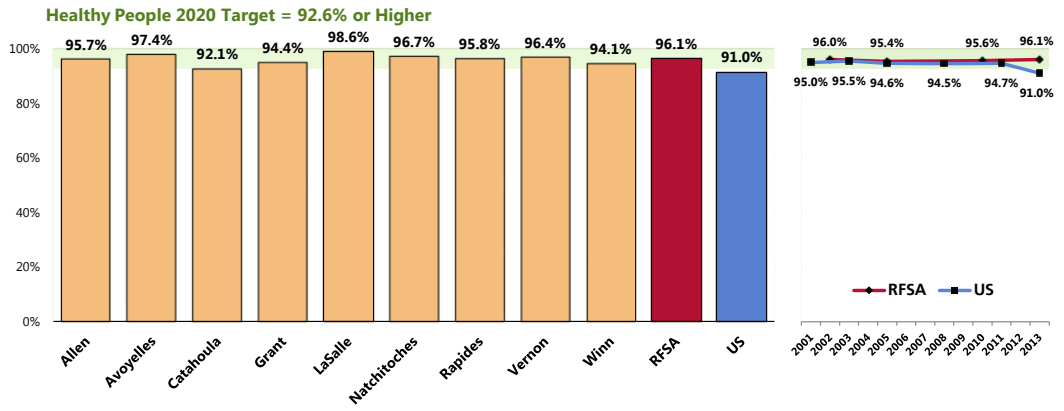
- Healthy People 2020, 2nd Edition. US Department of Health and Human Services. Washington, DC: US Government Printing Office, November 2000.

High Blood Pressure Testing

A total of 96.1% of RFSA adults have had their blood pressure tested within the past two years.

- Higher than national findings.
- Satisfies the Healthy People 2020 target.
- Highest in LaSalle Parish, lowest in Catahoula Parish.
- 📈 Hypertension screening has remained statistically unchanged in the RFSA over time.

Have Had Blood Pressure Checked in the Past 2 Years



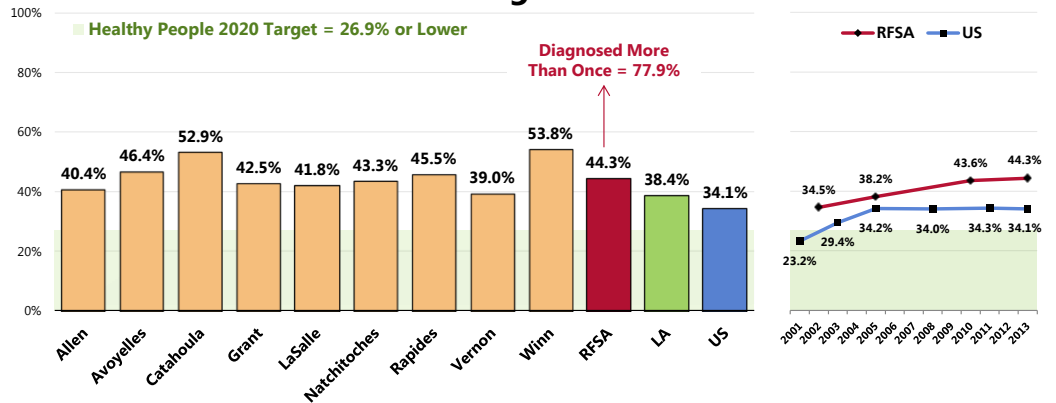
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 40]
 • 2013 PRC National Health Survey, Professional Research Consultants.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-4]
 Notes: • Asked of all respondents.

Prevalence of Hypertension

A full 44.3% of adults have been told at some point that their blood pressure was high (an additional 2.5% have not been tested in the past five years).

- Less favorable than the Louisiana prevalence.
- Less favorable than the national prevalence.
- Far from satisfying the Healthy People 2020 target.
- Lowest in Vernon Parish; highest in Catahoula and Winn parishes.
- ☒ Since 2002, the RFSA prevalence of hypertension has increased significantly.
- 👥 Note that 77.9% of hypertensive residents have been diagnosed *more than once*.

Prevalence of High Blood Pressure

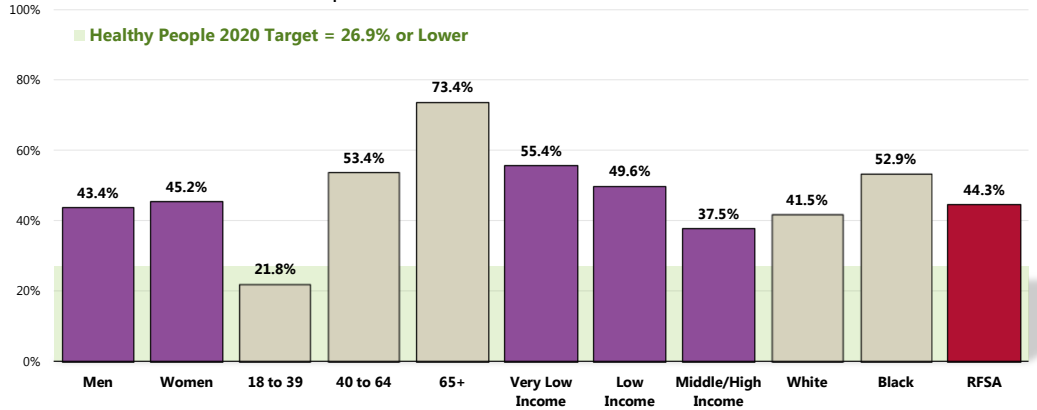


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 38, 159]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2011 Louisiana data.
 • 2013 PRC National Health Survey, Professional Research Consultants.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-5.1]
 Notes: • Asked of all respondents.
 • Because the CDC implemented changes to the BRFSS weighting methodology in 2011, state findings might not be directly comparable to the regional or national findings outlined in this report.

Hypertension diagnoses are higher among:

- 👤 Adults age 40 and older (note the very strong positive correlation with age).
- 👤 Low income and very low income residents (note the negative correlation).
- 👤 Blacks.

Prevalence of High Blood Pressure (Rapides Foundation Service Area, 2013)



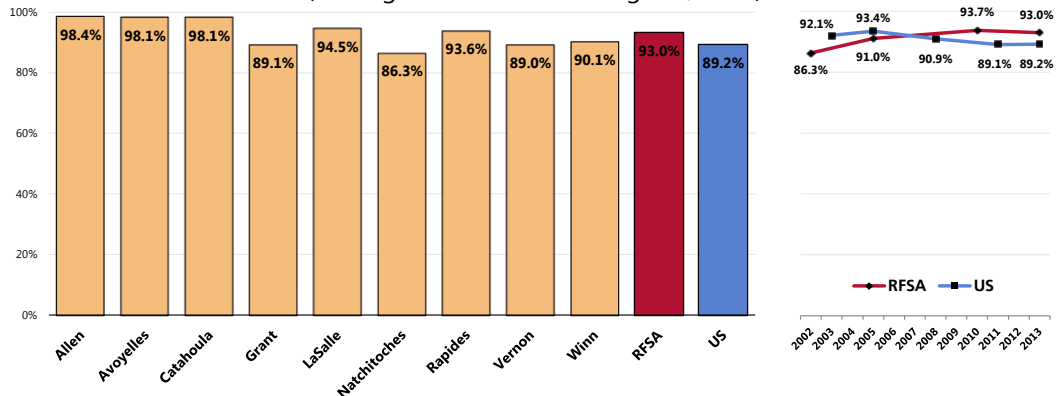
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 159]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-5.1]
 Notes: • Asked of all respondents.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

Hypertension Management

Among respondents who have been told that their blood pressure was high, 93.0% report that they are currently taking actions to control their condition, such as through medication, diet and/or exercise.

- Higher than the national figure.
- Notably higher in Allen, Avoyelles, and Catahoula parishes; notably lower (less favorable) in Natchitoches Parish.
- 📈 Over time, the prevalence of hypertensive adults in the RFSA who are taking action to control their high blood pressure has improved.

Taking Action to Control Hypertension (Among RFSA Adults with High BP, 2013)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 39]
 • 2013 PRC National Health Survey, Professional Research Consultants.
 Notes: • Asked of all respondents who have been diagnosed with high blood pressure.
 • In this case, the term "action" refers to medication, change in diet, and/or exercise.

High Blood Cholesterol

High blood cholesterol is a major risk factor for coronary heart disease that can be modified. More than 50 million US adults have blood cholesterol levels that require medical advice and treatment. More than 90 million adults have cholesterol levels that are higher than desirable. Experts recommend that all adults age 20 years and older have their cholesterol levels checked at least once every 5 years to help them take action to prevent or lower their risk of coronary heart disease. Lifestyle changes that prevent or lower high blood cholesterol include eating a diet low in saturated fat and cholesterol, increasing physical activity, and reducing excess weight.

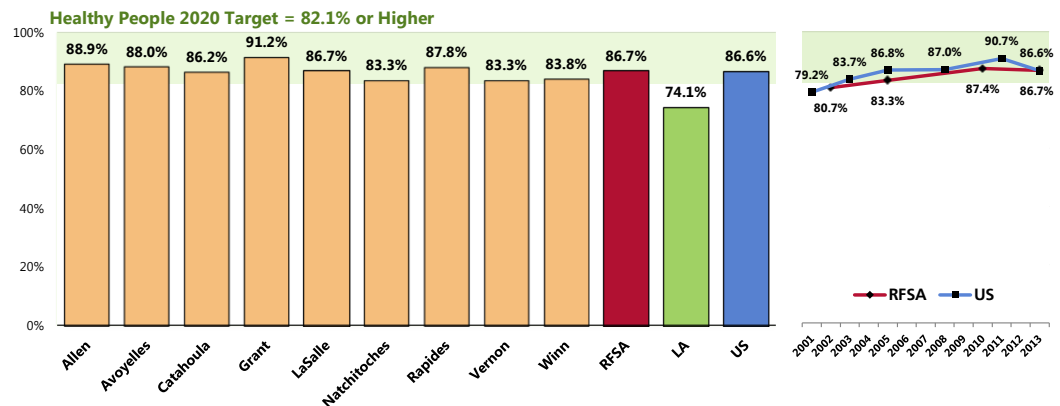
– Healthy People 2020, 2nd Edition. US Department of Health and Human Services. Washington, DC: US Government Printing Office, November 2000.

Blood Cholesterol Testing

A total of 86.7% of RFSA adults have had their blood cholesterol checked within the past five years.

- More favorable than Louisiana findings.
 - Nearly the same as the national percentage.
 - Satisfies the Healthy People 2020 target.
 - Unfavorably low in Natchitoches and Vernon parishes.
- ☒ Since 2002, the prevalence of RFSA adults with recent cholesterol screenings has increased significantly.

Have Had Blood Cholesterol Levels Checked in the Past 5 Years



Sources:

- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 43]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 Louisiana data.
- 2013 PRC National Health Survey, Professional Research Consultants.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-6]

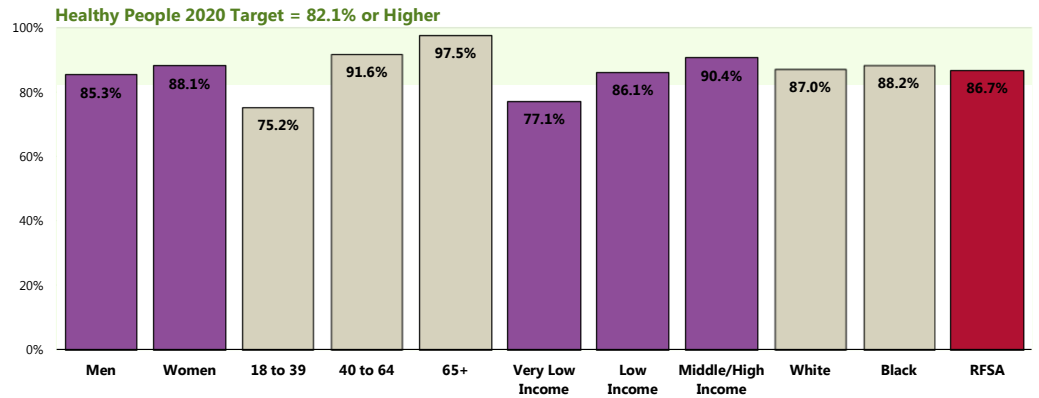
Notes:

- Asked of all respondents.
- Because the CDC implemented changes to the BRFSS weighting methodology in 2011, state findings might not be directly comparable to the regional or national findings outlined in this report.

The following demographic segments report a lower prevalence of recent cholesterol screenings:

- ☹ Men.
- ☹ Young adults.
- ☹ Residents with very low incomes.

Have Had Blood Cholesterol Levels Checked in the Past 5 Years (Rapides Foundation Service Area, 2013)



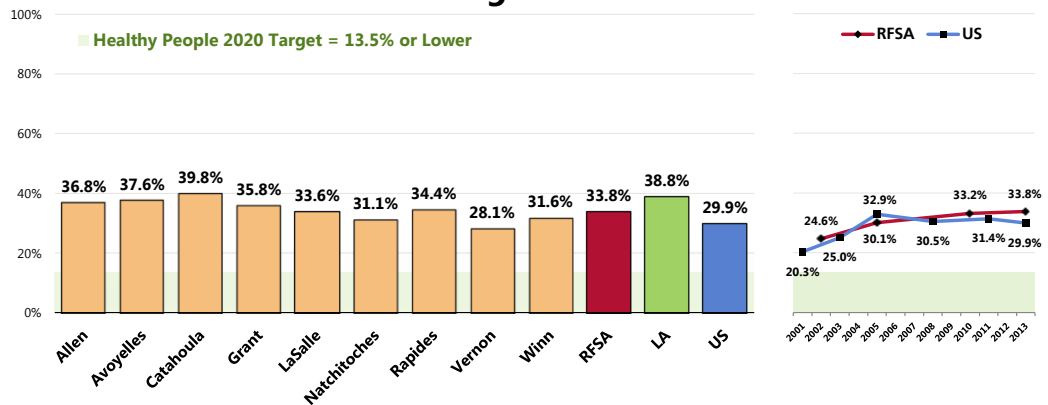
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 43]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-6]
 Notes: • Asked of all respondents.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income* = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

Self-Reported High Blood Cholesterol

One-third (33.8%) of adults have been told by a health professional that their cholesterol level was high (an additional 19.0% have not had their cholesterol tested in the past five years).

- More favorable than Louisiana findings.
- Less favorable than the national prevalence.
- More than twice the Healthy People 2020 target.
- Notably higher in Catahoula Parish, lower in Vernon Parish.
- Since 2002, the RFSA prevalence of high cholesterol has increased significantly.

Prevalence of High Blood Cholesterol



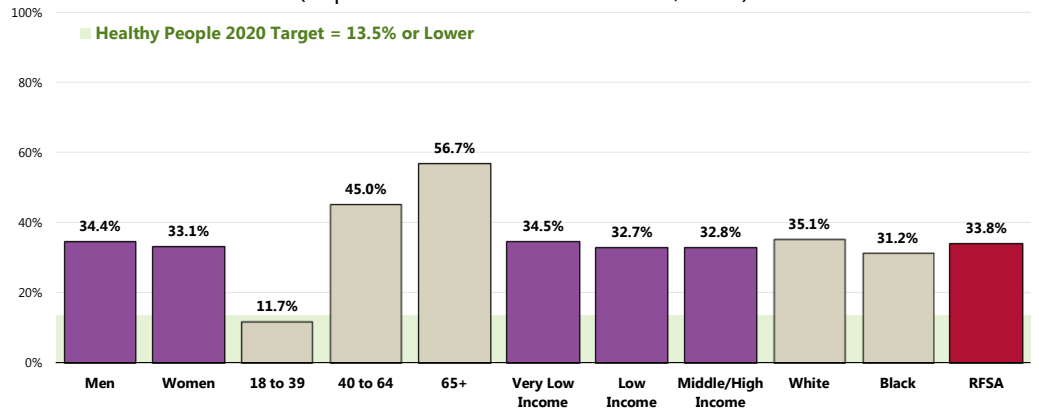
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 160]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2011 Louisiana data.
 • 2013 PRC National Health Survey, Professional Research Consultants.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-7]
 Notes: • Asked of all respondents.
 • *The Louisiana data reflects those adults who have been tested for high cholesterol and who have been diagnosed with it.
 • Because the CDC implemented changes to the BRFSS weighting methodology in 2011, state findings might not be directly comparable to the regional or national findings outlined in this report.

👥 Note the positive correlation between age and high blood cholesterol diagnoses.

👥 In addition, note that “unknowns” are relatively high in young adults and low income residents (not shown).

Prevalence of High Blood Cholesterol

(Rapides Foundation Service Area, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 160]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-7]

Notes: • Asked of all respondents.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

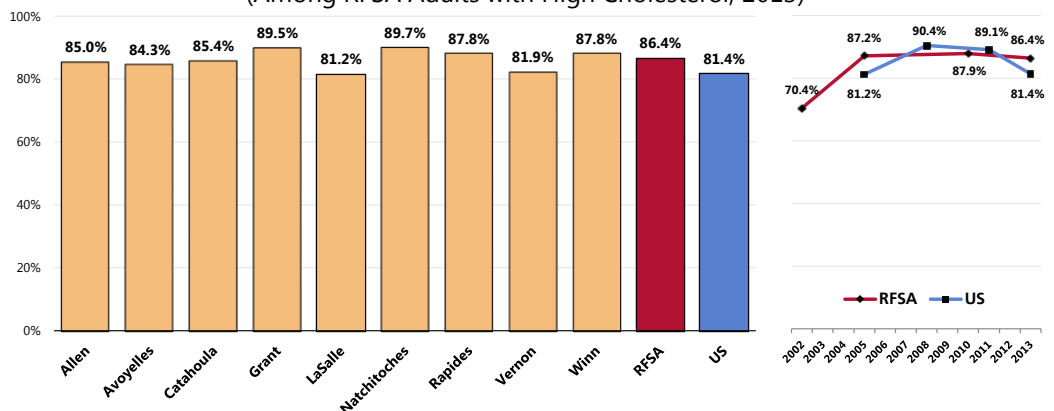
High Cholesterol Management

Among adults who have been told that their blood cholesterol was high, 86.4% report that they are currently taking actions to control their cholesterol levels, such as through medication, diet and/or exercise.

- Statistically better than the national percentage.
- No statistical difference among the nine parishes.
- 📈 Similar to 2005 and 2010 findings, but denotes a statistically significant increase since 2002.

Taking Action to Control High Blood Cholesterol Levels

(Among RFSA Adults with High Cholesterol, 2013)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 42]
 • 2013 PRC National Health Survey, Professional Research Consultants.

Notes: • Asked of all respondents who have been diagnosed with high blood cholesterol levels.
 • In this case, the term "action" refers to medication, change in diet, and/or exercise.

Total Cardiovascular Risk

Individual level risk factors which put people at increased risk for cardiovascular diseases include:

- High Blood Pressure
- High Blood Cholesterol
- Tobacco Use
- Physical Inactivity
- Poor Nutrition
- Overweight/Obesity
- Diabetes

– National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Three health-related behaviors contribute markedly to cardiovascular disease:

Poor nutrition. People who are overweight have a higher risk for cardiovascular disease. Almost 60% of adults are overweight or obese. To maintain a proper body weight, experts recommend a well-balanced diet which is low in fat and high in fiber, accompanied by regular exercise.

Lack of physical activity. People who are not physically active have twice the risk for heart disease of those who are active. More than half of adults do not achieve recommended levels of physical activity.

Tobacco use. Smokers have twice the risk for heart attack of nonsmokers. Nearly one-fifth of all deaths from cardiovascular disease, or about 190,000 deaths a year nationally, are smoking-related. Every day, more than 3,000 young people become daily smokers in the US

Modifying these behaviors is critical both for preventing and for controlling cardiovascular disease. Other steps that adults who have cardiovascular disease should take to reduce their risk of death and disability include adhering to treatment for high blood pressure and cholesterol, using aspirin as appropriate, and learning the symptoms of heart attack and stroke.

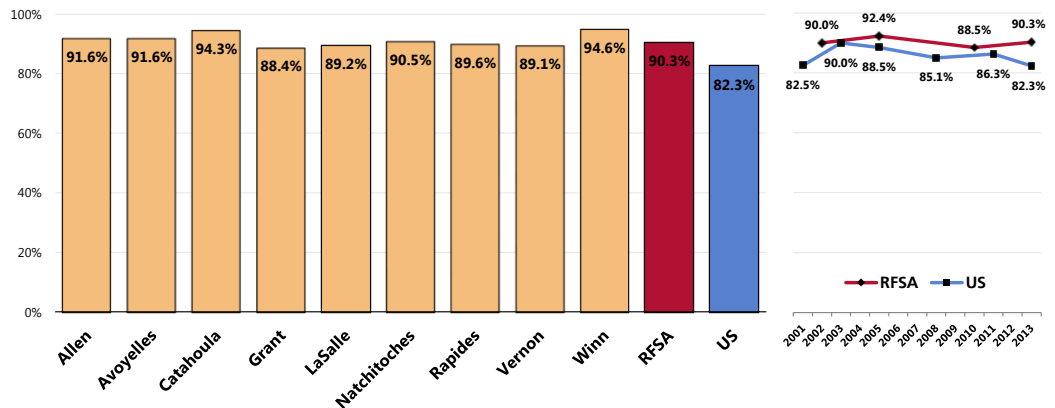
– National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

RELATED ISSUE:
See also
*Nutrition & Overweight,
Physical Activity & Fitness
and Tobacco Use* in the
Modifiable Health Risk
section of this report.

A total of 90.3% of RFSA adults report one or more cardiovascular risk factors, such as being overweight, smoking cigarettes, being physically inactive, or having high blood pressure or cholesterol.

- Less favorable than national findings.
- Unfavorably high in Catahoula and Winn parishes.
- ☒ No change from 2002 survey findings.

Present One or More Cardiovascular Risks or Behaviors

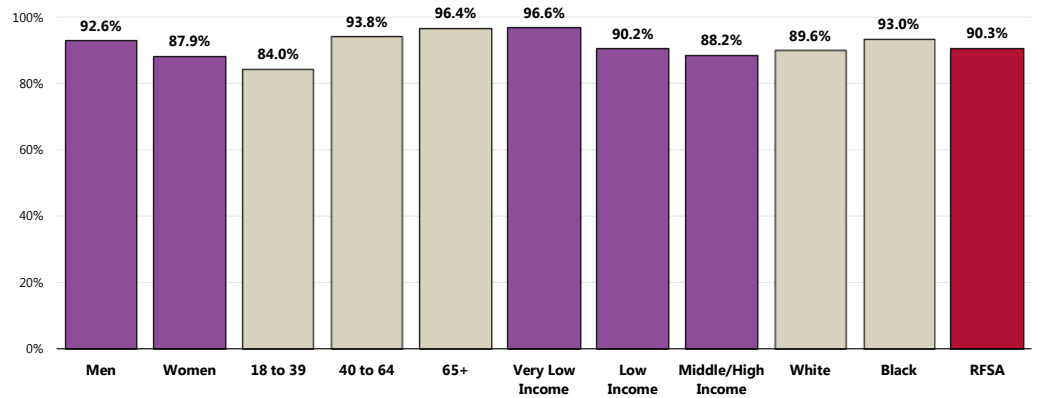


Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 161]
● 2013 PRC National Health Survey, Professional Research Consultants.
Notes: ● Asked of all respondents.

Adults more likely to exhibit cardiovascular risk factors include:

- Men.
- Adults age 40 and older.
- Very low income residents.
- Blacks.

Present One or More Cardiovascular Risks or Behaviors (Rapides Foundation Service Area, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 161]
Notes: • Asked of all respondents.
• Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

Cancer

Cancer, the second-leading cause of death among adults, is responsible for one of every four deaths in the United States. In 2003, over half a million adults—or more than 1,500 people a day—will die of cancer. Black adults are more likely to die from cancer than people of any other racial or ethnic group.

The financial costs of cancer are staggering. According to the National Institutes of Health, cancers cost the United States more than \$170 billion in 2002. This includes more than \$110 billion in lost productivity and over \$60 billion in direct medical costs.

The number of new cancer cases can be reduced substantially, and many cancer deaths can be prevented. Healthier lifestyles can significantly reduce a person's risk for cancer—for example, avoiding tobacco use, increasing physical activity, improving nutrition, and avoiding sun exposure. Making cancer screening and information services available and accessible to all adults is also essential for reducing the high rates of cancer and cancer deaths. Screening tests for breast, cervical, and colorectal cancers reduce the number of deaths from these diseases by finding them early, when they are most treatable. Screening tests for cervical and colorectal cancers can actually prevent these cancers from developing by detecting treatable precancerous conditions.

– National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Age-Adjusted Cancer Deaths

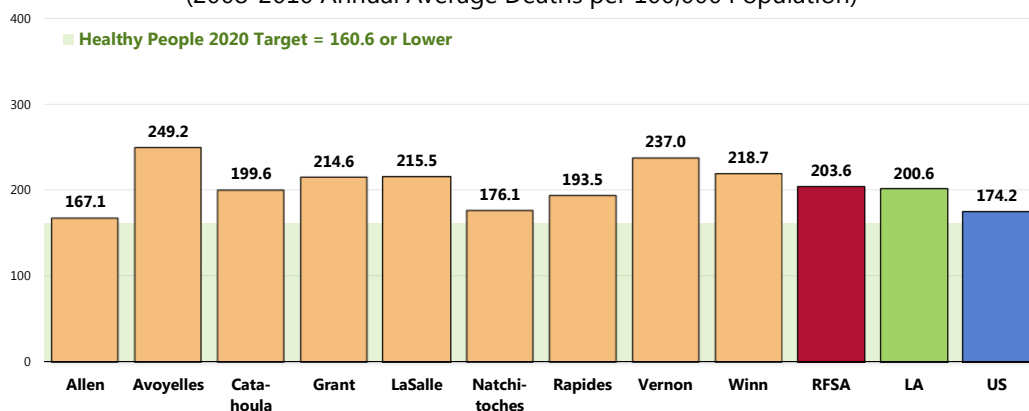
All Cancer Deaths

Between 2008 and 2010, there was an annual average age-adjusted cancer mortality rate of 203.6 deaths per 100,000 population in the RFSA.

- Similar to the rate reported across Louisiana.
- Less favorable than the national rate.
- Far from satisfying the Health People 2020 target.
- Higher in Avoyelles and Vernon parishes; lower in Allen, Catahoula, Natchitoches, and Rapides parishes.

Cancer: Age-Adjusted Mortality

(2008-2010 Annual Average Deaths per 100,000 Population)

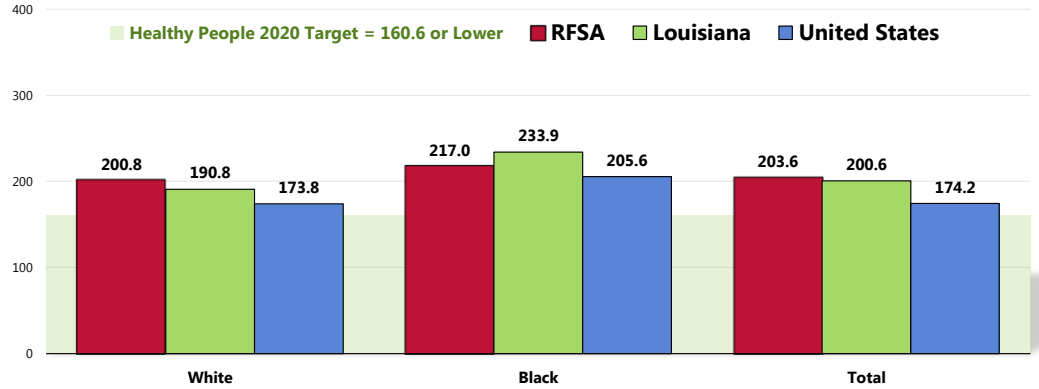


Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
● US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-1]

Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
● NOTE: 2008 deaths for Allen Parish are underreported due to problems registering deaths with the Louisiana Vital Statistics Office.

👤 Cancer deaths are higher among Blacks than among Whites in the RFSA.

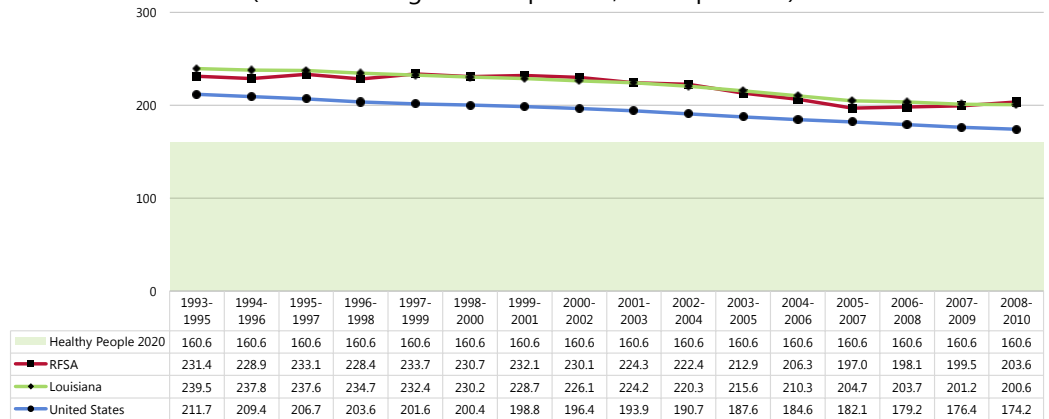
Cancer: Age-Adjusted Mortality by Race (2008-2010 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-1]
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
 • NOTE: 2008 deaths for Allen Parish are underreported due to problems registering deaths with the Louisiana Vital Statistics Office.

📉 Cancer mortality rates have decreased over the past several years.

Cancer: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-1]
 Notes: • Deaths from 1999 forward are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10); pre-1999 data were coded using ICD-9 coding.
 • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
 • State and national data are simple three-year averages; the RFSA three-year average is weighted by population.
 • NOTE: 2006-2008 deaths for Allen Parish are underreported due to problems registering deaths with the Louisiana Vital Statistics Office.

Cancer Deaths by Site

LUNG CANCER

Lung cancer is the most common cause of cancer death among both females and males in the United States. Cigarette smoking is the most important risk factor for lung cancer, accounting for 68 to 78 percent of lung cancer deaths among females and 88 to 91 percent of lung cancer deaths among males. Other risk factors include occupational exposures (radon, asbestos) and indoor and outdoor air pollution (radon, environmental tobacco smoke). One to two percent of lung cancer deaths are attributable to air pollution. After 10 years of abstinence, smoking cessation decreases the risk of lung cancer to 30 to 50 percent of that of continuing smokers.

– Healthy People 2020, 2nd Edition. US Department of Health and Human Services. Washington, DC: US Government Printing Office, November 2000.

Lung cancer is by far the leading cause of cancer deaths in the RFSA.

Other leading sites include prostate cancer in men, breast cancer in women, and colorectal cancer (both genders).

As can be seen in the following chart (referencing 2008-2010 annual average age-adjusted death rates):

- The RFSA **lung, prostate, and colorectal cancer** death rates are each less favorable than the respective state and national rates.
- The RFSA **female breast cancer** death rate is lower than the state rate, but similar to the national rate.

Note that none of these RFSA rates satisfies the related Healthy People 2020 objectives.

Age-Adjusted Cancer Death Rates by Site (2008-2010)

	RFSA	LA	US	HP2020
Lung Cancer	61.9	50.7	48.5	45.5
Prostate Cancer	26.5	22.4	22.3	21.2
Female Breast Cancer	22.4	23.8	22.3	20.6
Colorectal Cancer	20.9	17.4	16.1	14.5

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov>

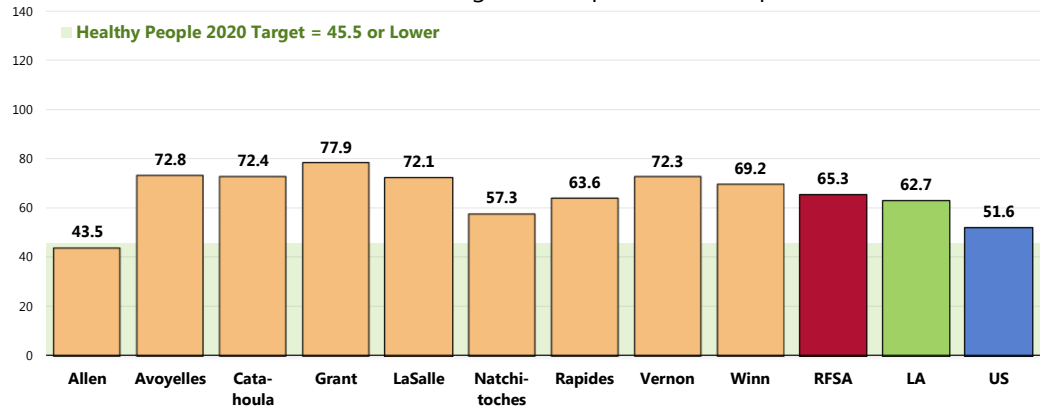
Lung Cancer

Between 2001 and 2010, there was an annual average age-adjusted lung cancer mortality rate of 65.3 deaths per 100,000 population in the RFSA.

- Similar to the Louisiana rate.
- Much higher than the national rate.
- Far from satisfying the Health People 2020 target.
- Favorably low in Allen, Natchitoches, and Rapides parishes; highest in Grant Parish.

To look at site-specific cancer mortality by parish, it is necessary to look at a longer time frame. For that reason, 2001-2010 rates are used here.

Lung Cancer: Age-Adjusted Mortality (2001-2010 Annual Average Deaths per 100,000 Population)



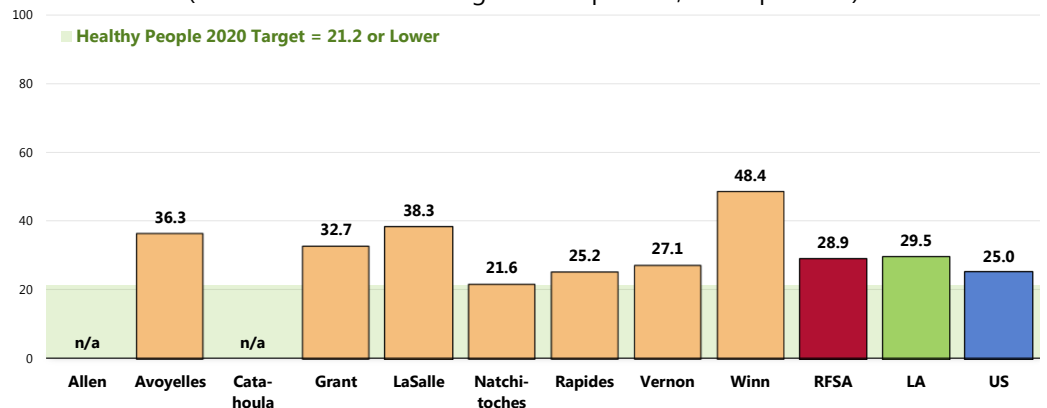
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-2]
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
 • NOTE: 2006-2008 deaths for Allen Parish are underreported due to problems registering deaths with the Louisiana Vital Statistics Office.

Prostate Cancer

Between 2001 and 2010, there was an annual average age-adjusted prostate cancer mortality rate of 28.9 deaths per 100,000 population in the RFSA.

- Similar to the rate reported across Louisiana.
- Less favorable than the national rate.
- Fails to satisfy the Health People 2020 target.
- Higher in Avoyelles, LaSalle, and Winn parishes; lower in Natchitoches, Rapides, and Vernon parishes.
- Note that rates are not available for Allen and Catahoula parishes because there were too few deaths during this time to calculate reliable parish-level rates.

Prostate Cancer: Age-Adjusted Mortality (2001-2010 Annual Average Deaths per 100,000 Population)



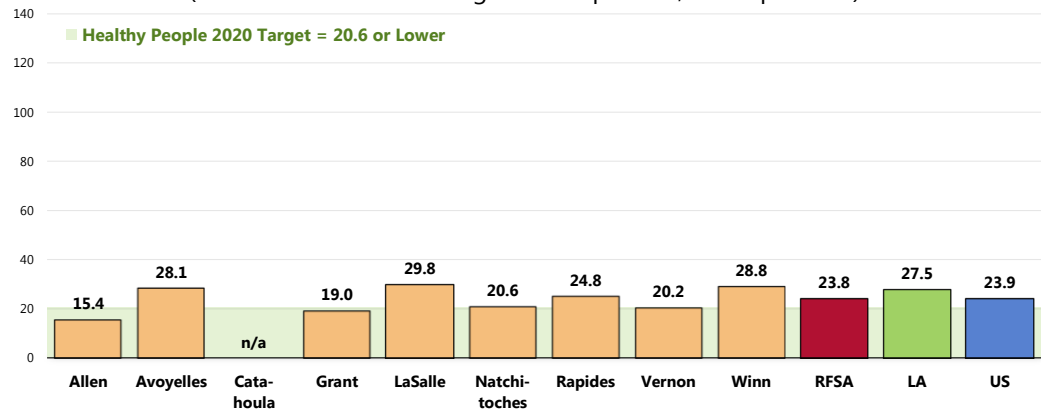
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-7]
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
 • NOTE: 2006-2008 deaths for Allen Parish are underreported due to problems registering deaths with the Louisiana Vital Statistics Office.
 • Rates are not available for Allen and Catahoula parishes due to low numbers of deaths.

Female Breast Cancer

Between 2001 and 2010, there was an annual average age-adjusted female breast cancer mortality rate of 23.8 deaths per 100,000 population in the RFSA.

- Lower than the rate reported across Louisiana.
- Almost identical to the national rate.
- Fails to satisfy the Health People 2020 target.
- Higher in Avoyelles, LaSalle, Rapides, and Winn parishes; lower in Allen, Grant, Natchitoches, and Vernon parishes.

Female Breast Cancer: Age-Adjusted Mortality (2001-2010 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-3]
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
• NOTE: 2006-2008 deaths for Allen Parish are underreported due to problems registering deaths with the Louisiana Vital Statistics Office.
• A rate is not available for Catahoula Parish due to low numbers of deaths.

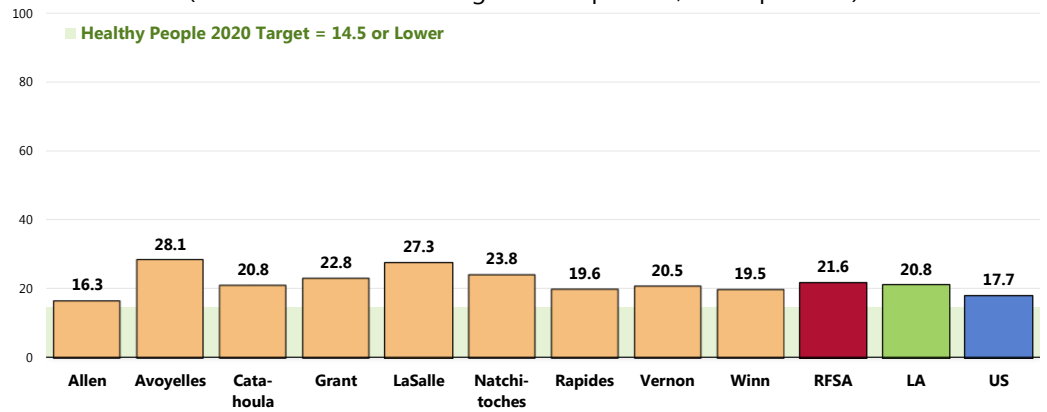
Colorectal Cancer

Between 2001 and 2010, there was an annual average age-adjusted colorectal cancer mortality rate of 21.6 deaths per 100,000 population in the RFSA.

- Comparable to the state rate.
- Less favorable than the national rate.
- Far from satisfying the Health People 2020 target.
- Higher in Avoyelles, Grant, LaSalle, and Natchitoches parishes; lower in Allen, Rapides and Winn parishes.

Colorectal Cancer: Age-Adjusted Mortality

(2001-2010 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-9]
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
 • NOTE: 2006-2008 deaths for Allen Parish are underreported due to problems registering deaths with the Louisiana Vital Statistics Office.

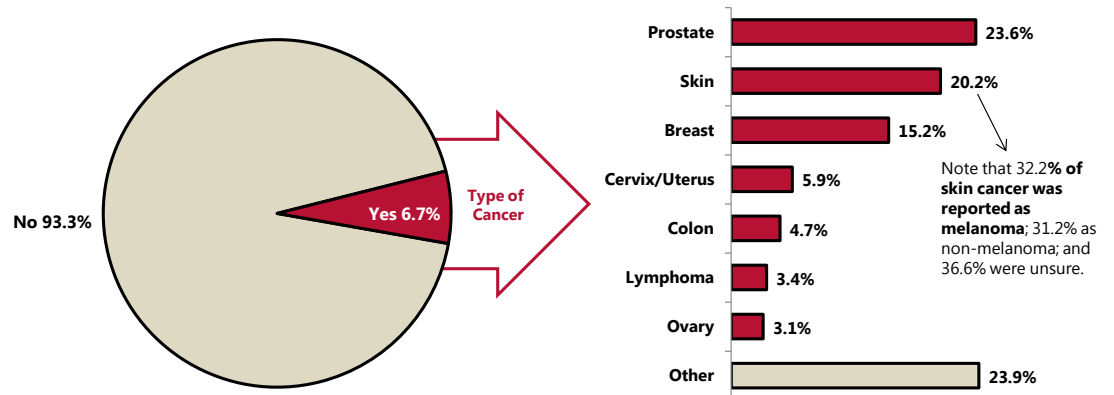
Prevalence of Cancer

A total of 6.7% of surveyed RFSA adults report having been diagnosed with some type of cancer.

- Among these respondents, **prostate cancer** was most often reported (23.6% of responses), followed by **skin cancer** (20.2% of responses, with nearly one-third of these reported as melanoma).
- Breast, cervix/uterus, and colon cancers were the next most-often reported types of cancers, followed by lymphoma and ovarian cancer.

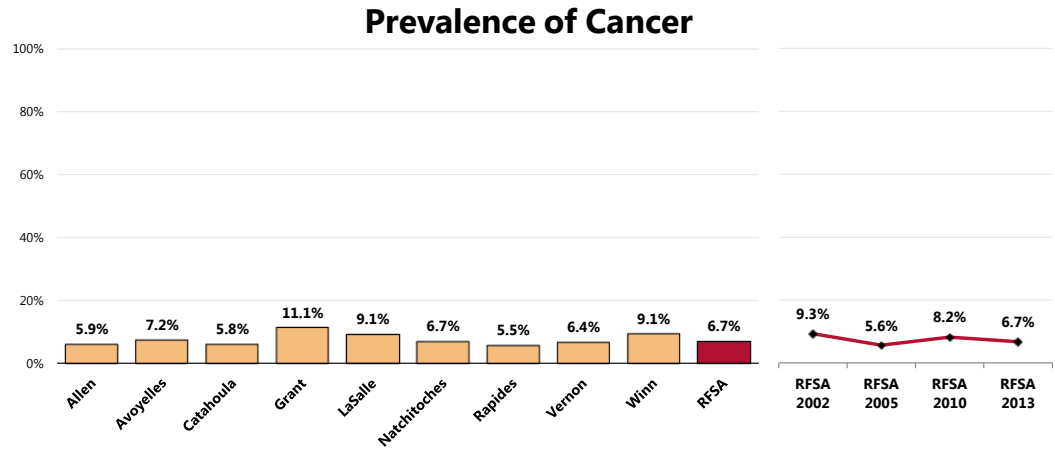
Have Been Diagnosed With Cancer

(Rapides Foundation Service Area, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 27-28]
 Notes: • Asked of all respondents.

- Overall, the prevalence of cancer is highest in Grant Parish and lowest in Rapides.
- ☒ The prevalence of cancer in the RFSA has decreased significantly since the 2002 survey was conducted.



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 27]
 Notes: ● Asked of all respondents.

RELATED ISSUE:
 See also
*Nutrition &
 Overweight, Physical
 Activity & Fitness and
 Tobacco Use* in the
**Modifiable Health
 Risk** section of this
 report.

Cancer Risk

Reducing the nation's cancer burden requires reducing the prevalence of behavioral and environmental factors that increase cancer risk.

- All cancers caused by cigarette smoking could be prevented. At least one-third of cancer deaths that occur in the United States are due to cigarette smoking.
- According to the American Cancer Society, about one-third of cancer deaths that occur in the United States each year are due to nutrition and physical activity factors, including obesity.

– National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Cancer Screenings

The American Cancer Society recommends that both men and women get a cancer-related checkup during a regular doctor's checkup. It should include examination for cancers of the thyroid, testicles, ovaries, lymph nodes, oral cavity, and skin, as well as health counseling about tobacco, sun exposure, diet and nutrition, risk factors, sexual practices, and environmental and occupational exposures.

Screening levels in the community were measured in the 2013 Community Health Survey relative to four cancer sites: prostate cancer (prostate-specific antigen testing and digital rectal examination); female breast cancer (mammography); cervical cancer (Pap smear testing); and colorectal cancer (sigmoidoscopy and fecal occult blood testing).

Prostate Cancer Screenings

PROSTATE CANCER

Prostate cancer is the most commonly diagnosed form of cancer (other than skin cancer) in males and the second leading cause of cancer death among males in the United States. Prostate cancer is most common in men age 65 years and older, who account for approximately 80 percent of all cases of prostate cancer.

Digital rectal examination (DRE) and the prostate-specific antigen (PSA) test are two commonly used methods for detecting prostate cancer. Although several treatment alternatives are available for prostate cancer, their impact on reducing death from prostate cancer when compared with no treatment in patients with operable cancer is uncertain. Efforts aimed at reducing deaths through screening and early detection remain controversial because of the uncertain benefits and potential risks of screening, diagnosis, and treatment.

– Healthy People 2020, 2nd Edition. US Department of Health and Human Services. Washington, DC: US Government Printing Office, November 2000.

The US Preventive Services Task Force (USPSTF) concludes that the current evidence is insufficient to assess the balance of benefits and harms of prostate cancer screening in men younger than age 75 years.

Rationale: Prostate cancer is the most common nonskin cancer and the second-leading cause of cancer death in men in the United States. The USPSTF found convincing evidence that prostate-specific antigen (PSA) screening can detect some cases of prostate cancer.

In men younger than age 75 years, the USPSTF found inadequate evidence to determine whether treatment for prostate cancer detected by screening improves health outcomes compared with treatment after clinical detection.

The USPSTF found convincing evidence that treatment for prostate cancer detected by screening causes moderate-to-substantial harms, such as erectile dysfunction, urinary incontinence, bowel dysfunction, and death. These harms are especially important because some men with prostate cancer who are treated would never have developed symptoms related to cancer during their lifetime.

There is also adequate evidence that the screening process produces at least small harms, including pain and discomfort associated with prostate biopsy and psychological effects of false-positive test results.

The USPSTF recommends against screening for prostate cancer in men age 75 years or older.

Rationale: In men age 75 years or older, the USPSTF found adequate evidence that the incremental benefits of treatment for prostate cancer detected by screening are small to none.

Given the uncertainties and controversy surrounding prostate cancer screening in men younger than age 75 years, a clinician should not order the PSA test without first discussing with the patient the potential but uncertain benefits and the known harms of prostate cancer screening and treatment. Men should be informed of the gaps in the evidence and should be assisted in considering their personal preferences before deciding whether to be tested.

– US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services.

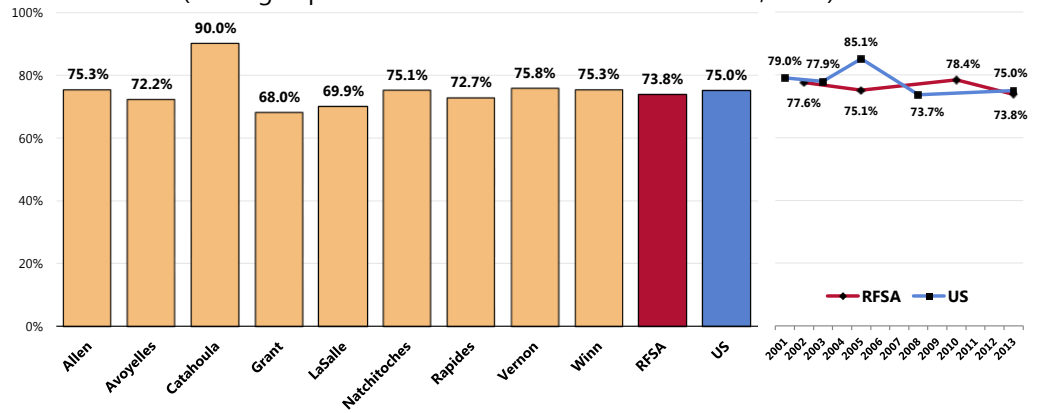
Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

PSA Testing and/or Digital Rectal Examination

Among men age 50 and older, nearly three in four (73.8%) have had a PSA (prostate-specific antigen) test and/or a digital rectal examination for prostate problems within the past two years.

- Comparable to national findings.
- Highest in Catahoula Parish.
- ☒ Statistically unchanged over time.

Have Had a Prostate Screening in the Past 2 Years (Among Rapides Foundation Service Area Men 50+, 2013)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 165]
 • 2013 PRC National Health Survey, Professional Research Consultants.
 Notes: • Asked of all male respondents aged 50 and older.

Female Breast Cancer Screening

FEMALE BREAST CANCER

Breast cancer is the most common cancer [diagnosis] among women in the United States. Death from breast cancer can be reduced substantially if the tumor is discovered at an early stage. Mammography is the most effective method for detecting these early malignancies. Clinical trials have demonstrated that mammography screening can reduce breast cancer deaths by 20 to 39 percent in women age 50 to 74 years and about 17 percent in women age 40 to 49 years. Breast cancer deaths can be reduced through increased adherence with recommendations for regular mammography screening.

Many breast cancer risk factors, such as age, family history of breast cancer, reproductive history, mammographic densities, previous breast disease, and race and ethnicity, are not subject to intervention. However, being overweight is a well-established breast cancer risk for postmenopausal women that can be addressed. Avoiding weight gain is one method by which older women may reduce their risk of developing breast cancer.

– Healthy People 2020, 2nd Edition. US Department of Health and Human Services. Washington, DC: US Government Printing Office, November 2000.

The US Preventive Services Task Force (USPSTF) recommends screening mammography, with or without clinical breast examination (CBE), every 1-2 years for women age 40 and older.

Rationale: The USPSTF found fair evidence that mammography screening every 12-33 months significantly reduces mortality from breast cancer. Evidence is strongest for women age 50-69, the age group generally included in screening trials. For women age 40-49, the evidence that screening mammography reduces mortality from breast cancer is weaker, and the absolute benefit of mammography is smaller, than it is for older women. Most, but not all, studies indicate a mortality benefit for women undergoing mammography at ages 40-49, but the delay in observed benefit in women younger than 50 makes it difficult to determine the incremental benefit of beginning screening at age 40 rather than at age 50.

The absolute benefit is smaller because the incidence of breast cancer is lower among women in their 40s than it is among older women. The USPSTF concluded that the evidence is also generalizable to women age 70 and older (who face a higher absolute risk for breast cancer) if their life expectancy is not compromised by comorbid disease. The absolute probability of benefits of regular mammography increase along a continuum with age, whereas the likelihood of harms from screening (false-positive results and unnecessary anxiety, biopsies, and cost) diminish from ages 40-70. The balance of benefits and potential harms, therefore, grows more favorable as women age. The precise age at which the potential benefits of mammography justify the possible harms is a subjective choice. The USPSTF did not find sufficient evidence to specify the optimal screening interval for women age 40-49.

– US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services.

Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

Mammography

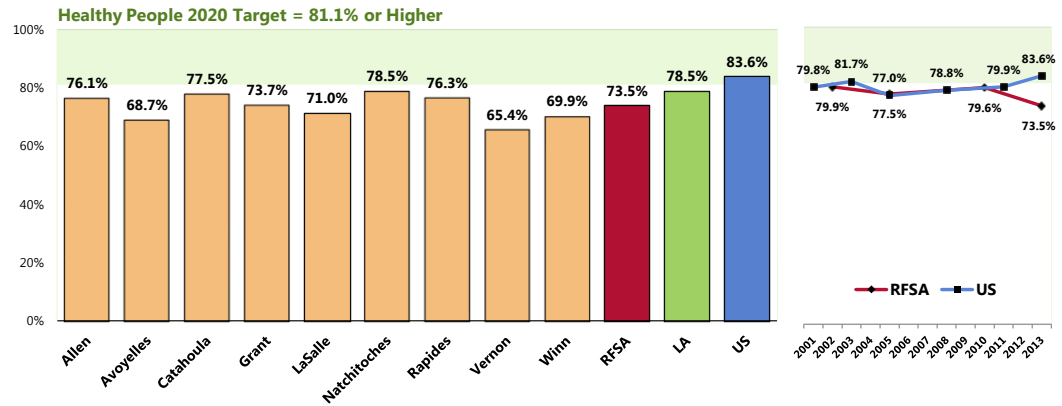
Among women age 50 to 74, 73.5% have had a mammogram within the past two years.

- Lower than the statewide figure (which represents all women 50 and older).
- Lower than national findings.
- Fails to satisfy the Healthy People 2020 target.
- Lowest in Vernon Parish.

☒ Since 2002, the prevalence of RFSA women age 50 to 74 who received a mammogram in the past two years has decreased significantly.

Have Had a Mammogram in the Past Two Years

(Among Rapides Foundation Service Area Women Age 50-74, 2013)



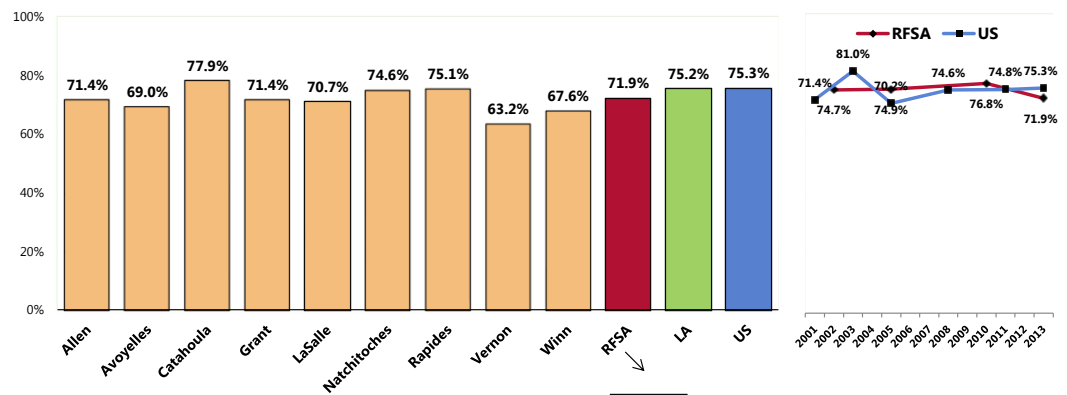
- Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 163]
 - Behavioral Risk Factor Surveillance System (BRFSS) Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2010 Louisiana data.
 - 2013 PRC National Health Survey, Professional Research Consultants.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-17]
- Notes:
- Reflects all female respondents age 50 to 74.
 - The state percentage represents all women age 50+. Because the CDC implemented changes to the BRFSS weighting methodology in 2011, state findings might not be directly comparable to the regional or national findings outlined in this report.

Among women 40 and older, 71.9% had a mammogram in the past two years.

- Lower than the statewide figure.
- Lower than national findings.
- Lowest in Vernon and Winn parishes.

☒ Since 2002, the prevalence of RFSA women age 40+ who received a mammogram in the past two years has decreased significantly.

Have Had a Mammogram in the Past Two Years (Among Rapides Foundation Service Area Women 40+, 2013)

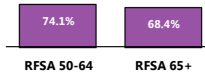


Sources:

- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 162]
- Behavioral Risk Factor Surveillance System (BRFSS) Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2010 Louisiana data.
- 2013 PRC National Health Survey, Professional Research Consultants.

 Notes:

- Asked of all female respondents age 40 and older.
- Because the CDC implemented changes to the BRFSS weighting methodology in 2011, state findings might not be directly comparable to the regional or national findings outlined in this report.



Cervical Cancer Screenings

CERVICAL CANCER

The US Preventive Services Task Force (USPSTF) strongly recommends screening for cervical cancer in women who have been sexually active and have a cervix.

Rationale: The USPSTF found good evidence from multiple observational studies that screening with cervical cytology (Pap smears) reduces incidence of and mortality from cervical cancer. Direct evidence to determine the optimal starting and stopping age and interval for screening is limited. Indirect evidence suggests most of the benefit can be obtained by beginning screening within 3 years of onset of sexual activity or age 21 (whichever comes first) and screening at least every 3 years. The USPSTF concludes that the benefits of screening substantially outweigh potential harms.

The USPSTF recommends against routinely screening women older than age 65 for cervical cancer if they have had adequate recent screening with normal Pap smears and are not otherwise at high risk for cervical cancer.

Rationale: The USPSTF found limited evidence to determine the benefits of continued screening in women older than 65. The yield of screening is low in previously screened women older than 65 due to the declining incidence of high-grade cervical lesions after middle age. There is fair evidence that screening women older than 65 is associated with an increased risk for potential harms, including false-positive results and invasive procedures. The USPSTF concludes that the potential harms of screening are likely to exceed benefits among older women who have had normal results previously and who are not otherwise at high risk for cervical cancer.

The USPSTF recommends against routine Pap smear screening in women who have had a total hysterectomy for benign disease.

Rationale: The USPSTF found fair evidence that the yield of cytologic screening is very low in women after hysterectomy and poor evidence that screening to detect vaginal cancer improves health outcomes. The USPSTF concludes that potential harms of continued screening after hysterectomy are likely to exceed benefits.

– US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services.

Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

Pap Smear Testing

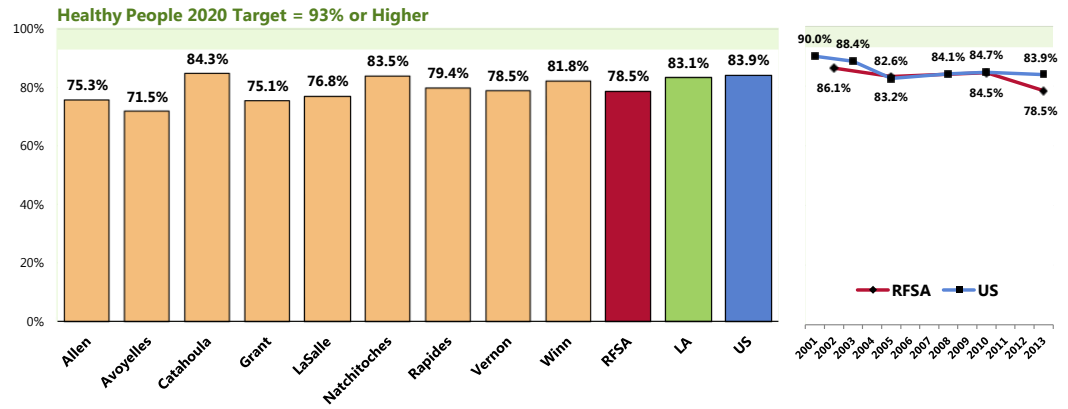
Among women age 21 to 65, 78.5% have had a Pap smear within the past three years.

- Less favorable than the Louisiana percentage, which represents all women 18+.
- Less favorable than national findings.

- Fails to satisfy the Healthy People 2020 target.
- Statistically high in Natchitoches Parish, lowest in Avoyelles Parish.
- ☒ Marks a significant decrease over time.

Have Had a Pap Smear in the Past 3 Years

(Among Rapides Foundation Service Area Women Age 21-65, 2013)



Sources:

- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 164]
- Behavioral Risk Factor Surveillance System (BRFSS) Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2010 Louisiana data.
- 2013 PRC National Health Survey, Professional Research Consultants.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-15]

 Notes:

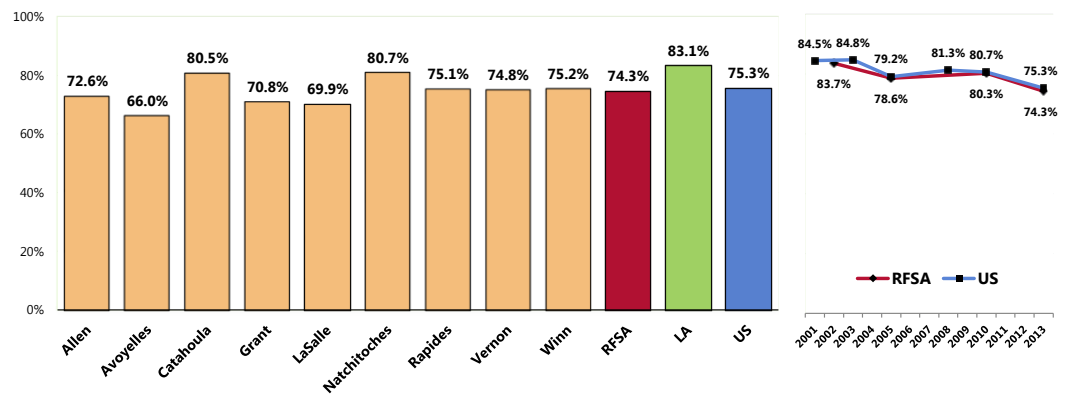
- Represents female respondents age 21-65; note that the Louisiana percentage reflects women age 18 and older.
- The state prevalence reflects all women age 18 and older. Because the CDC implemented changes to the BRFSS weighting methodology in 2011, state findings might not be directly comparable to the regional or national findings outlined in this report.

Among women age 18 and older, 74.3% had a Pap smear in the past three years.

- Well below the Louisiana percentage.
- Comparable to the US prevalence.
- Lowest in Avoyelles, Grant, and LaSalle parishes.
- ☒ Closely echoes the significant downward US trend over time.

Have Had a Pap Smear in the Past 3 Years

(Among Rapides Foundation Service Area Women Age 18+, 2013)



Sources:

- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 84]
- Behavioral Risk Factor Surveillance System (BRFSS) Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2010 Louisiana data.

 Notes:

- Represents female respondents age 18 and older.
- Because the CDC implemented changes to the BRFSS weighting methodology in 2011, state findings might not be directly comparable to the regional or national findings outlined in this report.

Colorectal Cancer Screenings

COLORECTAL CANCER

Colorectal cancer is the third most common type of cancer and the second leading cause of cancer death in the United States. Current levels of screening in this country lag behind those of other effective cancer screening tests; it has been estimated that attainment of goals for population colorectal cancer screening could save 18,800 lives per year. Colorectal cancer incidence and mortality show health disparities, with a disproportionate burden occurring in certain minority populations, including African American adults and Alaska Natives.

The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults, beginning at age 50 years and continuing until age 75 years.

The evidence is convincing that screening for colorectal cancer with fecal occult blood testing, sigmoidoscopy, or colonoscopy detects early-stage cancer and adenomatous polyps. There is convincing evidence that screening with any of the three recommended tests (FOBT, sigmoidoscopy, colonoscopy) reduces colorectal cancer mortality in adults age 50 to 75 years. Follow-up of positive screening test results requires colonoscopy regardless of the screening test used.

– US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services.

Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

Risk factors for colorectal cancer may include age, personal and family history of polyps or colorectal cancer, inflammatory bowel disease, inherited syndromes, physical inactivity (colon only), obesity, alcohol use, and a diet high in fat and low in fruits and vegetables. Detecting and removing precancerous colorectal polyps and detecting and treating the disease in its earliest stages will reduce deaths from colorectal cancer.

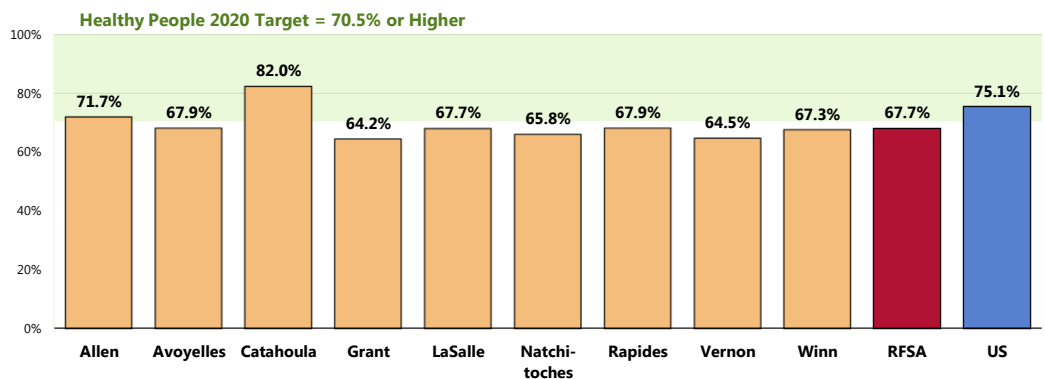
– Healthy People 2020, 2nd Edition. US Department of Health and Human Services. Washington, DC: US Government Printing Office, November 2000.

Colorectal Cancer Screening

Among RFSA adults age 50-75, two-thirds (67.7%) have had an appropriate colorectal cancer screening (fecal occult blood testing within the past year and/or sigmoidoscopy/colonoscopy [lower endoscopy] within the past 10 years).

- Lower than the national prevalence.
- Fails to satisfy the Healthy People 2020 target.
- Highest in Catahoula Parish.

Have Had a Colorectal Cancer Screening (Among Adults Age 50-75)



Sources: • 2010 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 168]
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-16]

Notes: • Asked of all respondents age 50 through 75.
• In this case, the term "colorectal screening" refers to adults age 50-75 receiving a FOBT (fecal occult blood test) in the past year and/or a lower endoscopy (sigmoidoscopy/colonoscopy) in the past 10 years.

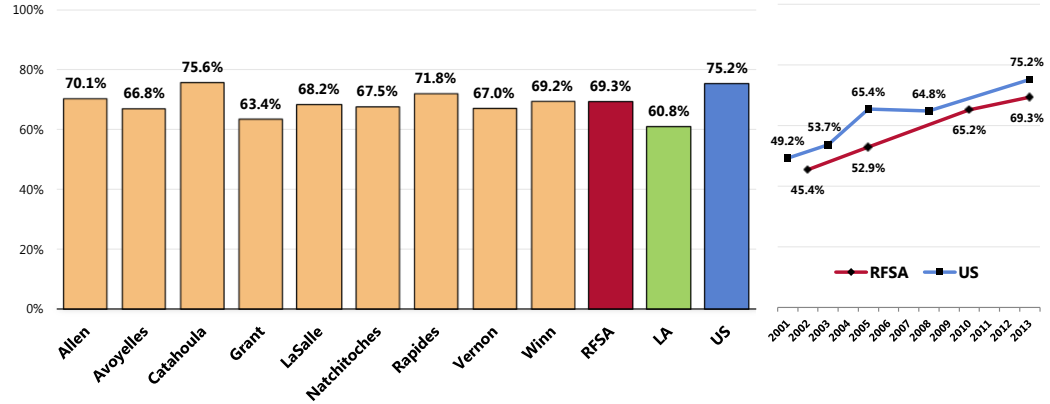
Sigmoidoscopy/Colonoscopy

Among adults age 50 and older, 69.3% have had a sigmoidoscopy or colonoscopy at some point in their lives.

- More favorable than Louisiana findings.
- Less favorable than the national figure.
- Higher in Catahoula Parish; lower in Grant Parish.
- ☒ The RFSa prevalence of sigmoidoscopy/colonoscopy has increased significantly since 2002.

Have Ever Had a Lower Endoscopy Exam

(Among Rapides Foundation Service Area Adults 50+, 2013)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 166]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2010 Louisiana data.

• 2013 PRC National Health Survey, Professional Research Consultants.

Notes: • Asked of all respondents 50+.

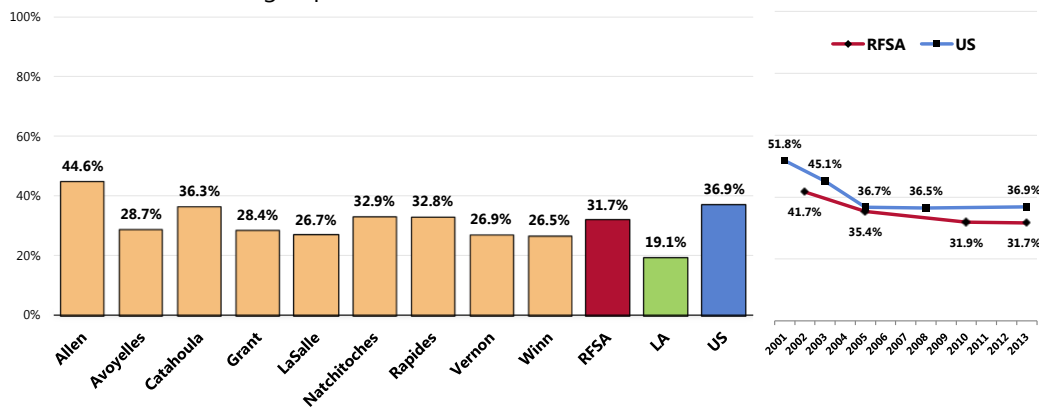
• Because the CDC implemented changes to the BRFSS weighting methodology in 2011, state findings might not be directly comparable to the regional or national findings outlined in this report.

Blood Stool Testing

Among adults age 50 and older, 31.7% have had a blood stool test (aka "fecal occult blood test") within the past two years.

- More favorable than Louisiana findings.
- Less favorable than national findings.
- Highest in Allen Parish, lowest in Winn Parish.
- ☒ Since 2002, the prevalence of recent blood stool exams has decreased significantly.

Have Had a Blood Stool Test in the Past 2 Years (Among Rapides Foundation Service Area Adults 50+, 2013)



- Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 167]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2010 Louisiana data.
 - 2013 PRC National Health Survey, Professional Research Consultants.
- Notes:
- Asked of all respondents 50+.
 - Because the CDC implemented changes to the BRFSS weighting methodology in 2011, state findings might not be directly comparable to the regional or national findings outlined in this report.

Respiratory Disease

Asthma and COPD (chronic obstructive pulmonary disease) are among the 10 leading chronic conditions causing restricted activity [in adults]. After chronic sinusitis, asthma is the most common cause of chronic illness in children. Methods are available to treat these respiratory diseases and promote respiratory health.

Asthma is a serious and growing health problem. An estimated 14.9 million persons in the United States have asthma. Asthma is responsible for about 500,000 hospitalizations, 5,000 deaths, and 134 million days of restricted activity a year. Yet most of the problems caused by asthma could be averted if persons with asthma and their healthcare providers managed the disease according to established guidelines.

COPD includes chronic bronchitis and emphysema—both of which are characterized by irreversible airflow obstruction and often exist together. Similar to asthma, COPD may be accompanied by an airway hyperresponsiveness. Most patients with COPD have a history of cigarette smoking. COPD worsens over time with continued exposure to a causative agent—usually tobacco smoke or sometimes a substance in the workplace or environment. COPD occurs most often in older people.

– Healthy People 2020, 2nd Edition. US Department of Health and Human Services. Washington, DC: US Government Printing Office, November 2000.

Age-Adjusted Respiratory Disease Deaths

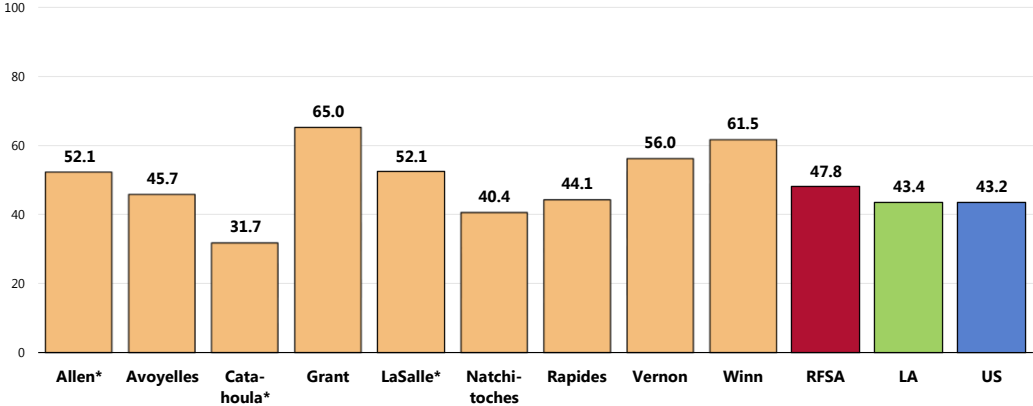
Chronic Respiratory Disease Deaths (CLRD)

Between 2008 and 2010, there was an annual average age-adjusted CLRD mortality rate of 47.8 deaths per 100,000 population in the RFSA.

- Higher than found statewide.
- Higher than the national rate.
- Highest in Grant, LaSalle, Vernon, and Winn parishes; lowest in Avoyelles, Catahoula, Natchitoches and Rapides parishes.

Note: What was previously termed COPD (chronic obstructive pulmonary disease) has been reclassified as CLRD (chronic lower respiratory disease).

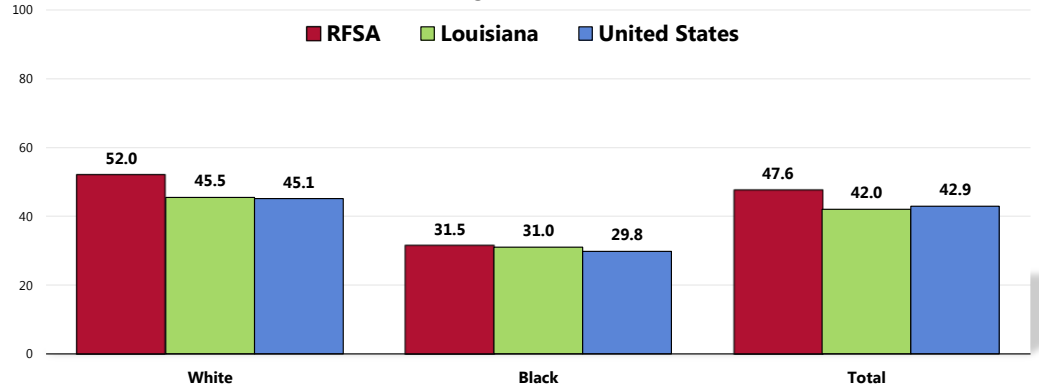
CLRD: Age-Adjusted Mortality
(2008-2010* Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
 • CLRD is chronic lower respiratory disease.
 • * Due to low numbers of deaths: the rate for Catahoula Parish represents 2001-2010 data; the rates for Allen and LaSalle parishes represent 2006-2010 data.
 • NOTE: 2006-2008 deaths for Allen Parish are underreported due to problems registering deaths with the Louisiana Vital Statistics Office.

👤 CLRD mortality in the RFSa is highest in the White population.

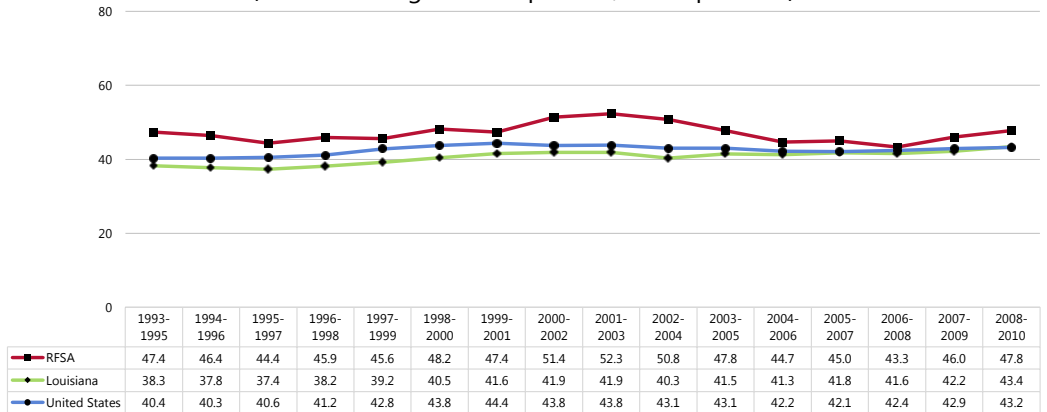
CLRD: Age-Adjusted Mortality by Race (2006-2010 Annual Average Deaths per 100,000 Population)



- Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
- Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
• CLRD is chronic lower respiratory disease.
• NOTE: 2006-2008 deaths for Allen Parish are underreported due to problems registering deaths with the Louisiana Vital Statistics Office.

📈 CLRD mortality in the RFSa is virtually unchanged from baseline 1993-1995 data.

CLRD: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)



- Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
- Notes: • Deaths from 1999 forward are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10); pre-1999 data were coded using ICD-9 coding.
• Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
• State and national data are simple three-year averages; the RFSa three-year average is weighted by population.
• CLRD is chronic lower respiratory disease.
• NOTE: 2006-2008 deaths for Allen Parish are underreported due to problems registering deaths with the Louisiana Vital Statistics Office.

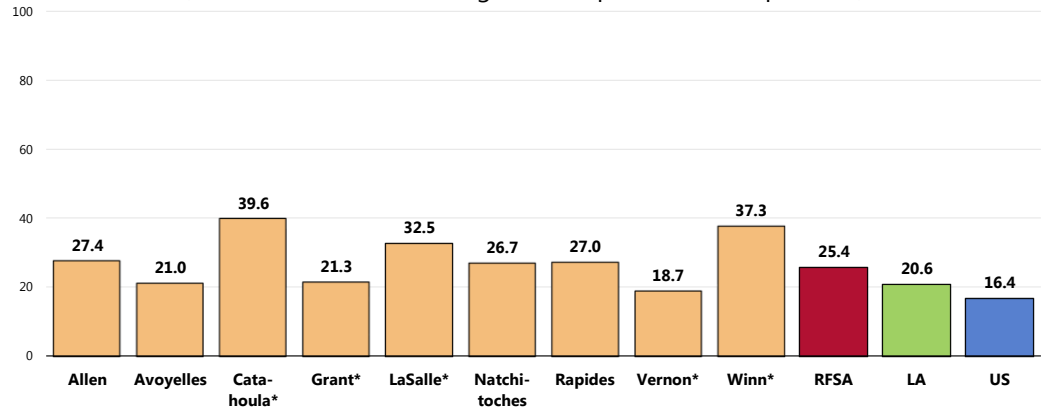
Pneumonia/Influenza Deaths

For prevalence of vaccinations for pneumonia and influenza, see also "Immunization & Infectious Disease."

Between 2008 and 2010, there was an annual average age-adjusted pneumonia/influenza mortality rate of 25.4 deaths per 100,000 population in the RFSa.

- Higher than found statewide.
- Much higher than the national rate.
- Higher rates are reported in Catahoula, LaSalle and Winn parishes; lower rates are found in Avoyelles, Grant, and Vernon parishes.

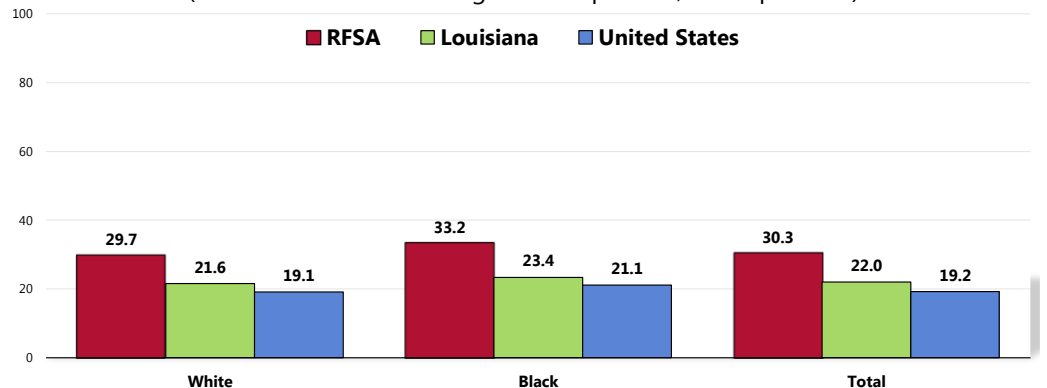
Pneumonia/Influenza: Age-Adjusted Mortality (2008-2010* Annual Average Deaths per 100,000 Population)



- Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
- Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
 • Due to low numbers of deaths, a rate for LaSalle Parish is not available.
 • * Due to low numbers of deaths: the rate for Catahoula Parish represents 2001-2010 data; the rates for Grant, LaSalle, Vernon and Winn parishes represent 2006-2010 data.
 • NOTE: 2008 deaths for Allen Parish are underreported due to problems registering deaths with the Louisiana Vital Statistics Office.

👤 Mortality rates are higher among Blacks in the RFSa.

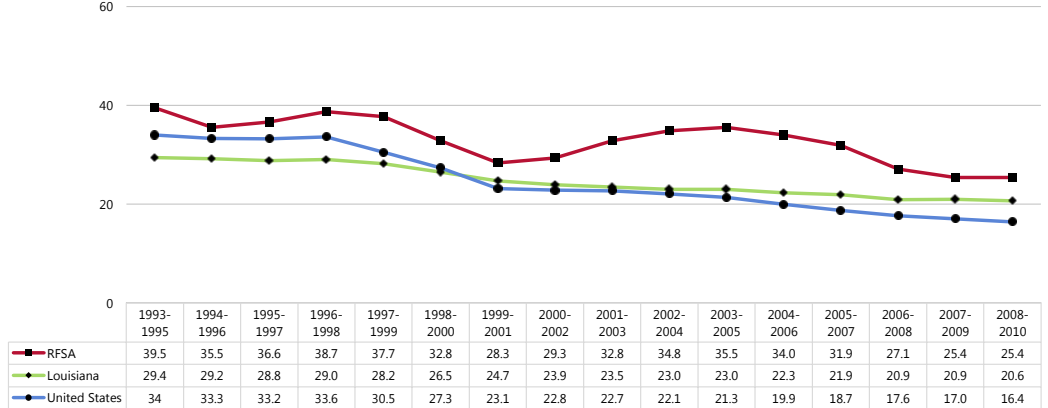
Pneumonia/Influenza: Age-Adjusted Mortality by Race (2001-2010 Annual Average Deaths per 100,000 Population)



- Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
- Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
 • NOTE: 2006-2008 deaths for Allen Parish are underreported due to problems registering deaths with the Louisiana Vital Statistics Office.

☒ Mortality rates have fluctuated in the RFSA, but have decreased overall since the mid 1990s.

Pneumonia/Influenza: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.

Notes: • Deaths from 1999 forward are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10); pre-1999 data were coded using ICD-9 coding.
• Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
• State and national data are simple three-year averages; the RFSAs three-year average is weighted by population.
• NOTE: 2006-2008 deaths for Allen Parish are underreported due to problems registering deaths with the Louisiana Vital Statistics Office.

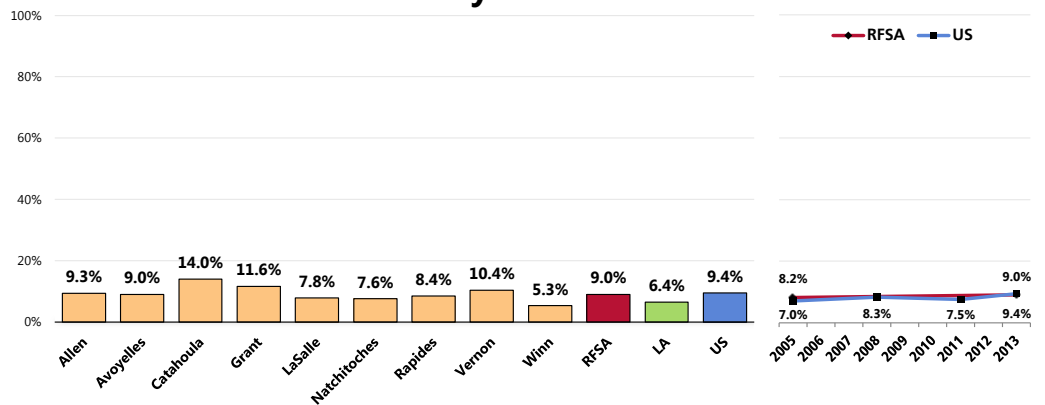
Prevalence of Asthma

Adults

A total of 9.0% of RFSAs adults currently suffer from asthma.

- Higher than the percentage reported across the state.
- Similar to the percentage reported across the nation.
- Unfavorably high in Catahoula Parish; lowest in Winn Parish.
- ☒ Statistically unchanged over time.

Currently Have Asthma






Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 169]

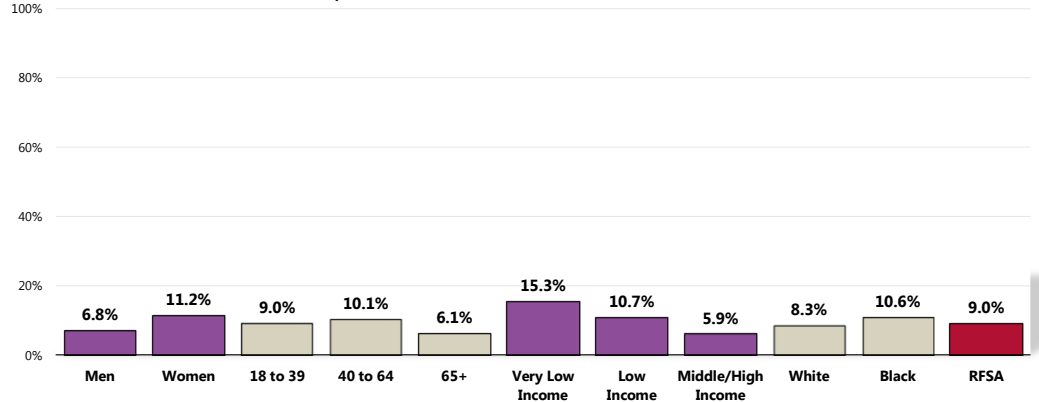
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2011 Louisiana data.

Notes: • Asked of all respondents.
• Because the CDC implemented changes to the BRFSS weighting methodology in 2011, state findings might not be directly comparable to the regional or national findings outlined in this report.

The following adults are more likely to suffer from asthma:

-  Women.
-  Adults under age 65.
-  Lower-income residents (note the negative correlation).





Currently Have Asthma (Rapides Foundation Service Area, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 169]
 Notes: • Asked of all respondents.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

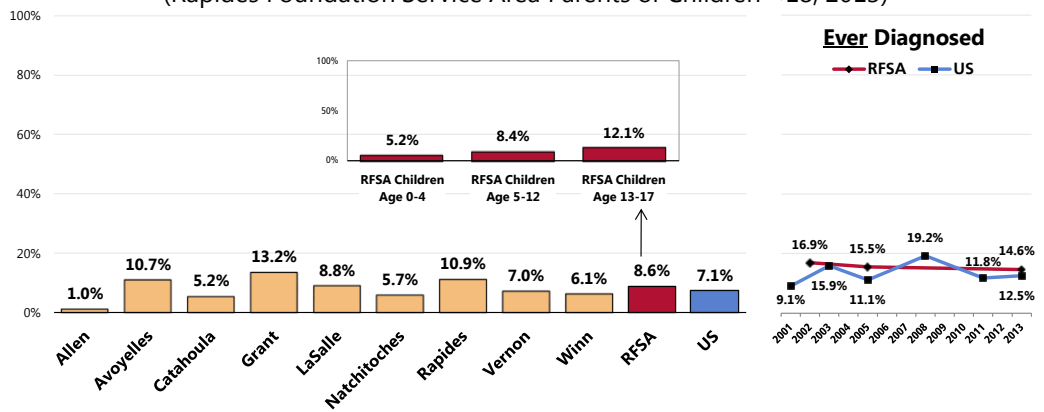
Children

A total of 8.6% of RFSA children currently suffer from asthma.

-  Comparable to the percentage reported across the nation.
-  Favorably low in Allen Parish.
-  The percentage of children who have ever been diagnosed with asthma is statistically unchanged over time.
-  Note the positive correlation of current asthma with child's age.

Child Currently Has Asthma

(Rapides Foundation Service Area Parents of Children <18, 2013)

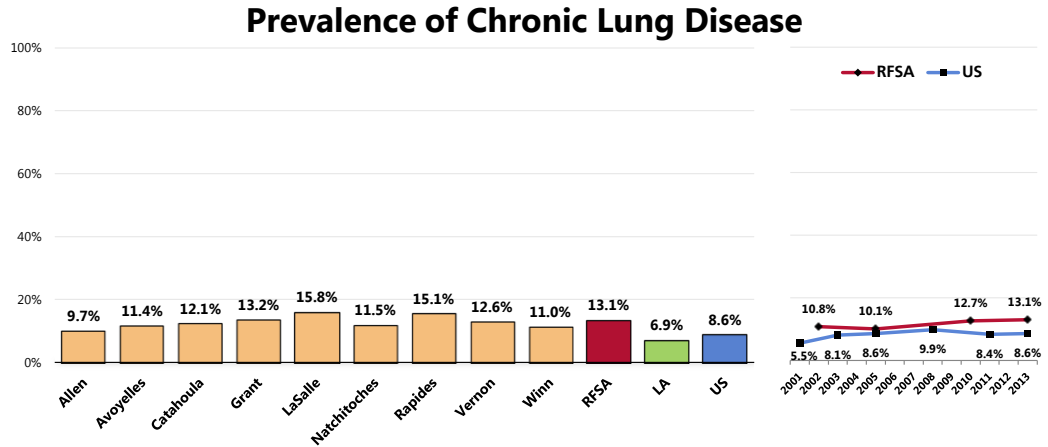


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 170]
 • 2013 PRC National Health Survey, Professional Research Consultants.
 Notes: • Asked of all respondents with children under 18 at home.

Prevalence of Chronic Lung Disease

A total of 13.1% of surveyed adults report suffering from chronic lung disease.

- Higher than the state prevalence.
- Higher than the percentage reported across the nation.
- Lowest in Allen Parish; statistically high in Rapides Parish.
- ▣ The prevalence of chronic lung disease in the RFSA has increased since 2002.



- Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 25]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 Louisiana data.
 - 2013 PRC National Health Survey, Professional Research Consultants.
- Notes:
- Asked of all respondents.
 - Because the CDC implemented changes to the BRFSS weighting methodology in 2011, state findings might not be directly comparable to the regional or national findings outlined in this report.

Injury & Violence

The risk of injury is so great that most persons sustain a significant injury at some time during their lives. Nevertheless, this widespread human damage too often is taken for granted, in the erroneous belief that injuries happen by chance and are the result of unpreventable “accidents.” In fact, many injuries are not “accidents,” or random, uncontrollable acts of fate; rather, most injuries are predictable and preventable.

For ages 1 through 44 years, [US] deaths from injuries far surpass those from cancer—the overall leading natural cause of death at these ages—by about three to one. Injuries cause more than two out of five deaths (43 percent) of children age 1 through 4 years and result in four times the number of deaths due to birth defects, the second leading cause of death for this age group. For ages 15 to 24 years, injury deaths exceed deaths from all other causes combined from ages 5 through 44 years. For ages 15 to 24 years, injuries are the cause of nearly four out of five deaths. After age 44 years, injuries account for fewer deaths than other health problems, such as heart disease, cancer, and stroke. However, despite the decrease in the proportion of deaths due to injury, the death rate from injuries is actually higher among older persons than among younger persons.

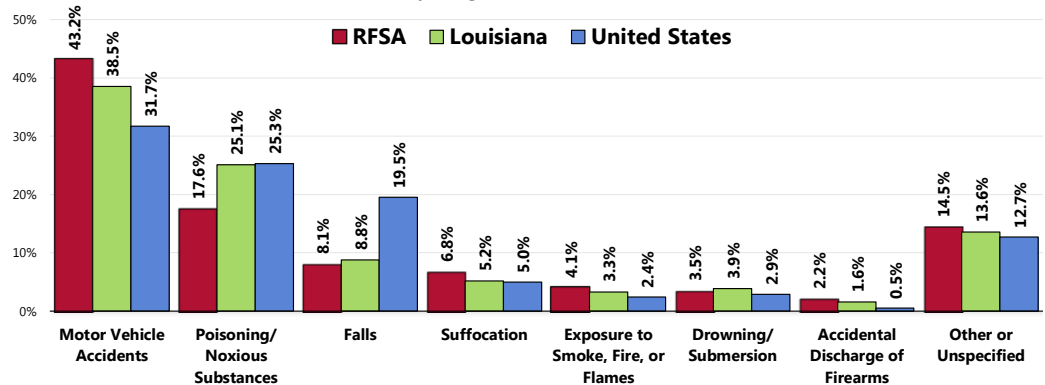
– Healthy People 2020, 2nd Edition. US Department of Health and Human Services. Washington, DC: US Government Printing Office, November 2000.

Leading Causes of Accidental Death

Motor vehicle accidents accounted for more than 40% of accidental RFSA deaths between 2006 and 2010. Poisoning (including accidental drug overdoses) ranked as the second leading cause of accidental death.

Leading Causes of Accidental Death

(By Region, 2006-2010)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.

Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• NOTE: 2006-2008 deaths for Allen Parish are underreported due to problems registering deaths with the Louisiana Vital Statistics Office.

Unintentional Injury

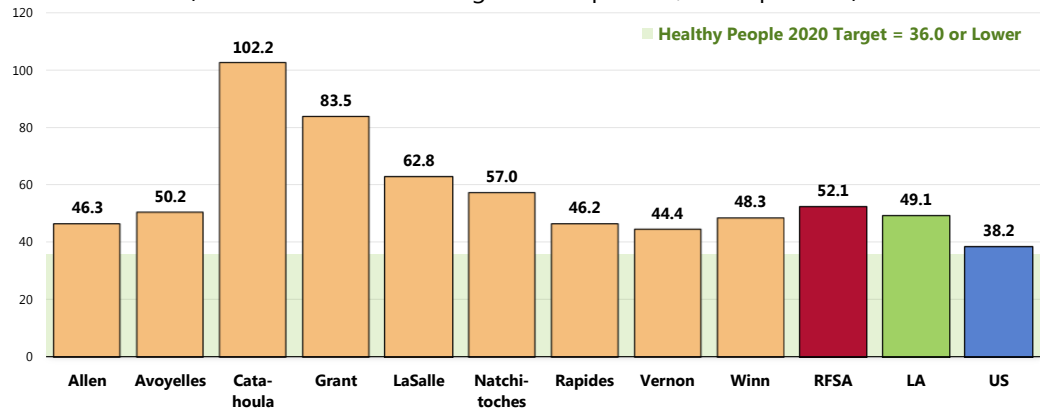
Age-Adjusted Unintentional Injury Deaths

Between 2008 and 2010, there was an annual average age-adjusted unintentional injury mortality rate of 52.1 deaths per 100,000 population in the RFSA.

- Worse than the state rate.
- Worse than the US rate.
- Fails to satisfy the Health People 2020 target.

- By parish: exceptionally high rates are reported in Catahoula and Grant parishes, followed by LaSalle, and Natchitoches parishes; the parishes of Allen, Rapides, and Vernon fared better.

Unintentional Injuries: Age-Adjusted Mortality (2008-2010 Annual Average Deaths per 100,000 Population)



Sources:

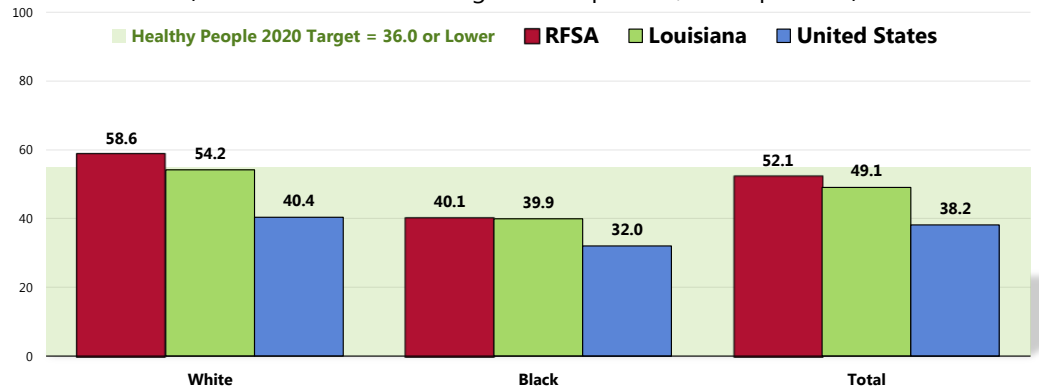
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-11]

 Notes:

- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
- NOTE: 2008 deaths for Allen Parish are underreported due to problems registering deaths with the Louisiana Vital Statistics Office.

- Unintentional injury mortality rates are much higher among Whites than among Blacks in the RFSA.

Unintentional Injuries: Age-Adjusted Mortality by Race (2008-2010 Annual Average Deaths per 100,000 Population)



Sources:

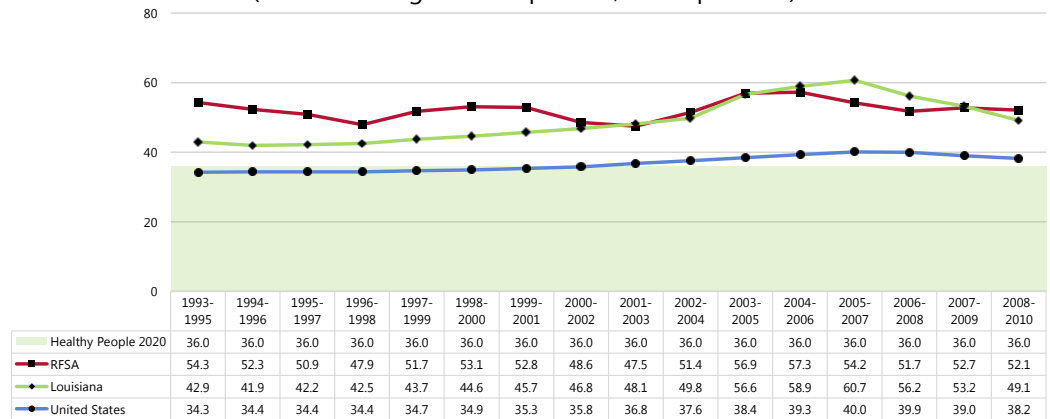
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-11]

 Notes:

- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
- NOTE: 2008 deaths for Allen Parish are underreported due to problems registering deaths with the Louisiana Vital Statistics Office.

While the RFSA unintentional injury mortality rate has fluctuated, it has not changed significantly from baseline 1993-1995 findings.

Unintentional Injuries: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-11]
 Notes: • Deaths from 1999 forward are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10); pre-1999 data were coded using ICD-9 coding.
 • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
 • State and national data are simple three-year averages; the RFSA three-year average is weighted by population.
 • NOTE: 2006-2008 deaths for Allen Parish are underreported due to problems registering deaths with the Louisiana Vital Statistics Office.

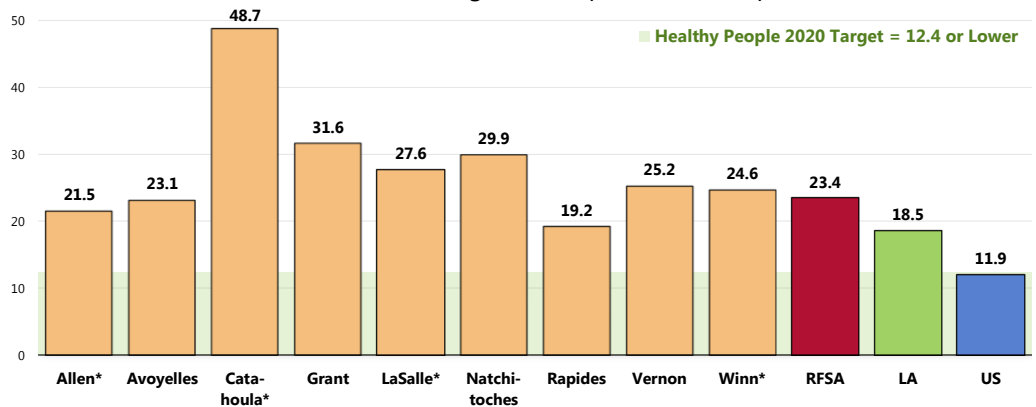
Motor Vehicle Safety

Age-Adjusted Motor-Vehicle Related Deaths

Between 2008 and 2010, there was an annual average age-adjusted motor vehicle crash mortality rate of 23.4 deaths per 100,000 population in the RFSA.

- Higher than found statewide.
- Much higher than the national rate.
- Fails to satisfy the Health People 2020 target.
- Particularly high in Catahoula, followed by Grant, LaSalle, and Natchitoches parishes; lower (more favorable) in Allen, Avoyelles, and Rapides parishes.

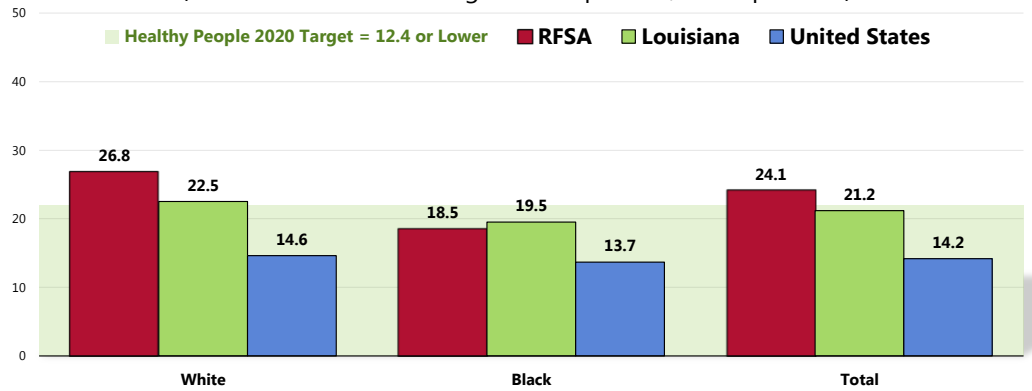
Motor Vehicle Crashes: Age-Adjusted Mortality (2008-2010* Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-13.1]
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
 • * Due to low numbers of deaths: the rates for Allen and Winn parishes represent 2001-2010 data; the rates for Catahoula and LaSalle parishes represent 2006-2010 data.
 • NOTE: 2006-2008 deaths for Allen Parish are underreported due to problems registering deaths with the Louisiana Vital Statistics Office.

Motor vehicle mortality rates are much higher in RFSA Whites than in Blacks.

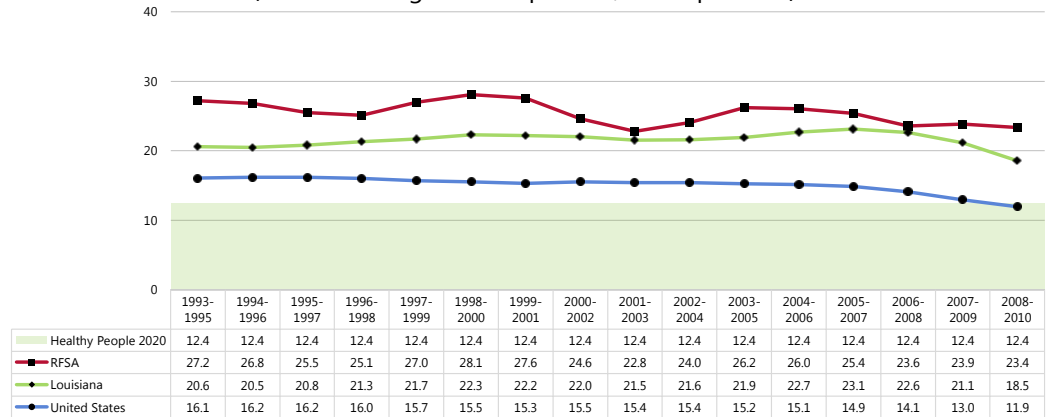
Motor Vehicle Crashes: Age-Adjusted Mortality by Race (2001-2010 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-13.1]
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
 • NOTE: 2006-2008 deaths for Allen Parish are underreported due to problems registering deaths with the Louisiana Vital Statistics Office.

Mortality rates in the RFSA have fluctuated since the 1993-1995 reporting period, ultimately decreasing over time.

Motor Vehicle Crashes: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)



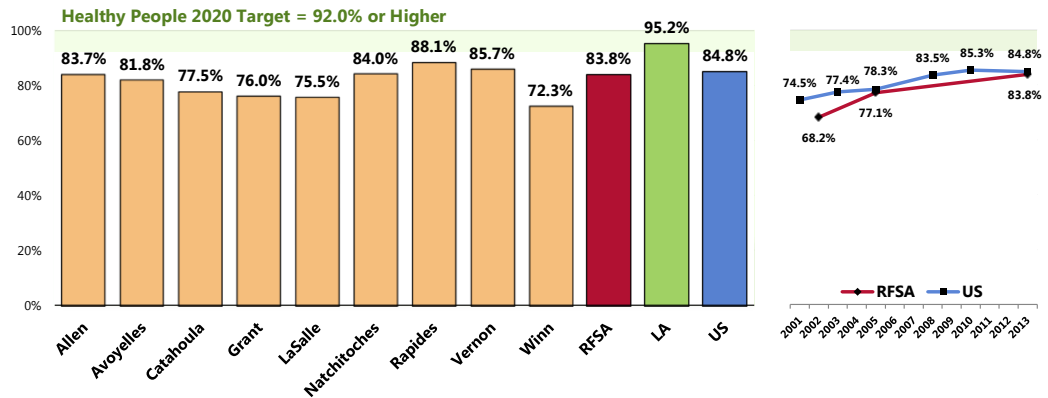
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-13.1]
 Notes: • Deaths from 1999 forward are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10); pre-1999 data were coded using ICD-9 coding.
 • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
 • State and national data are simple three-year averages; the RFSA three-year average is weighted by population.
 • NOTE: 2006-2008 deaths for Allen Parish are underreported due to problems registering deaths with the Louisiana Vital Statistics Office.

Seat Belt Usage - Adults

Most RFSA adults (83.8%) report “always” wearing a seat belt when driving or riding in a vehicle.

- Well below the state percentage.
 - Comparable to the percentage found nationally.
 - Fails to satisfy the Healthy People 2020 target of 92.0% or higher.
 - Lowest in Catahoula, Grant, LaSalle, and Winn parishes; highest in Rapides Parish.
- 📈 Denotes a significant increase in seat belt usage since 2002.

“Always” Wear a Seat Belt When Driving or Riding in a Vehicle



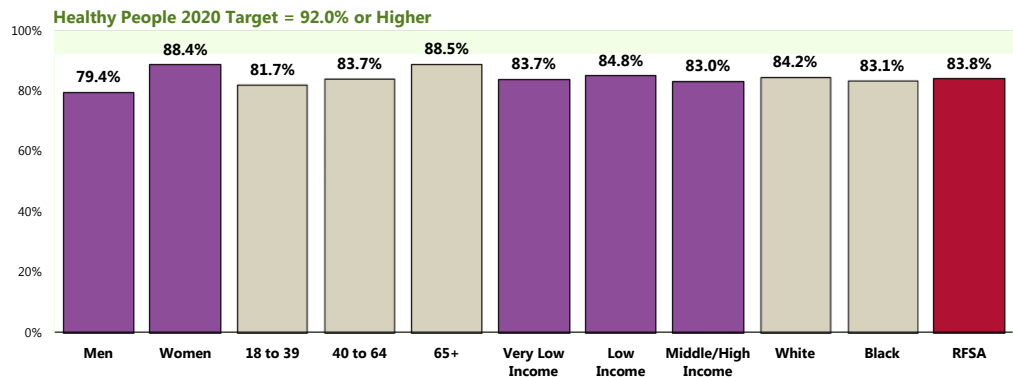
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 44]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 Louisiana data.
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IPV-15]

Notes: • Asked of all respondents.
 • Because the CDC implemented changes to the BRFSS weighting methodology in 2011, state findings might not be directly comparable to the regional or national findings outlined in this report.

These population segments are less likely to report consistent seat belt usage:

- 👤 Men.
- 👤 Adults under age 65.

“Always” Wear a Seat Belt When Driving or Riding in a Vehicle (Rapides Foundation Service Area, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 44]
 Notes: • Asked of all respondents.
 • Income categories reflect respondent’s household income as a ratio to the federal poverty level for their household size: very low income” = below poverty; “low income” = 100% to 200% of poverty; “middle/high income” = over 200% of poverty.

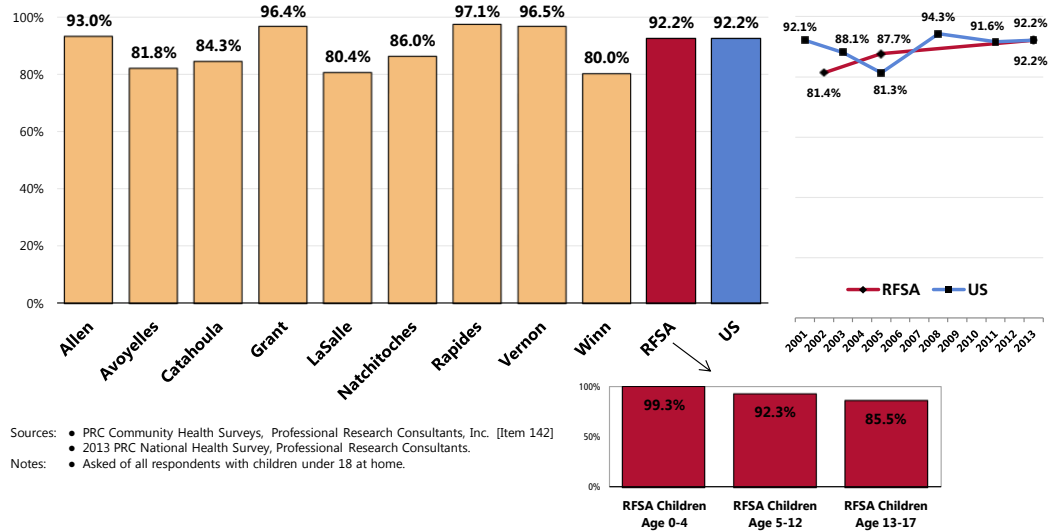
Children's Seat Belt/Car Seat Usage

A total of 92.2% of RFSA parents report that their child (age 0 to 17) "always" wears a seat belt (or appropriate car seat for younger children) when riding in a vehicle.

- Identical to what is found nationally.
- Higher in Grant, Rapides, and Vernon parishes; lower in Avoyelles, LaSalle, Natchitoches, and Winn parishes.
- ☒ Marks a significant increase from 2002 survey findings.
- 👤 Note the negative correlation with age.

Child "Always" Wears a Seat Belt or Appropriate Restraint When Riding in a Vehicle

(Rapides Foundation Service Area Parents of Children <18, 2013)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 142]
 • 2013 PRC National Health Survey, Professional Research Consultants.

Notes: • Asked of all respondents with children under 18 at home.

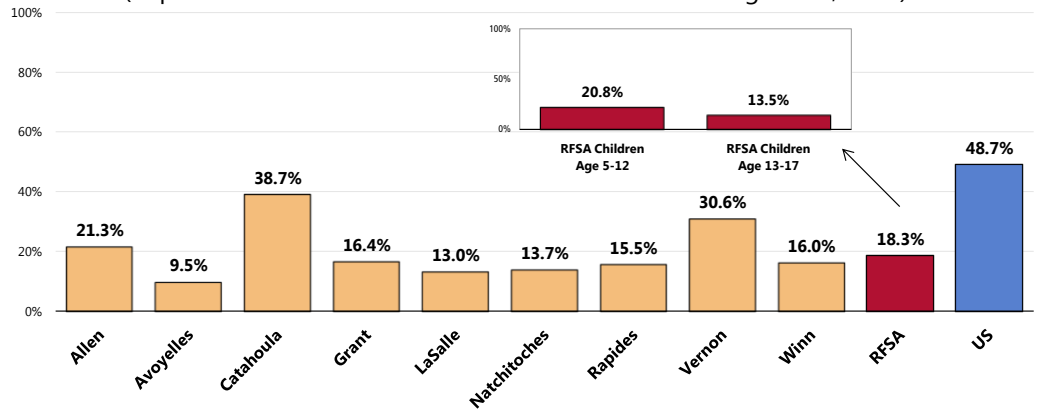
Bicycle Safety

A total of 18.3% of RFSA children age 5 to 17 are reported to "always" wear a helmet when riding a bicycle.

- Much lower than the national prevalence.
- Higher in Catahoula and Vernon parishes; lowest in Avoyelles Parish.
- 👤 The prevalence is lower among teens than among younger children.

Child "Always" Wears a Helmet When Riding a Bicycle

(Rapides Foundation Service Area Parents of Children Age 5-17, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 154]
 • 2013 PRC National Health Survey, Professional Research Consultants.

Notes: • Asked of all respondents with children age 5-17 at home.

Intentional Injury (Violence)

Age-Adjusted Intentional Injury Deaths

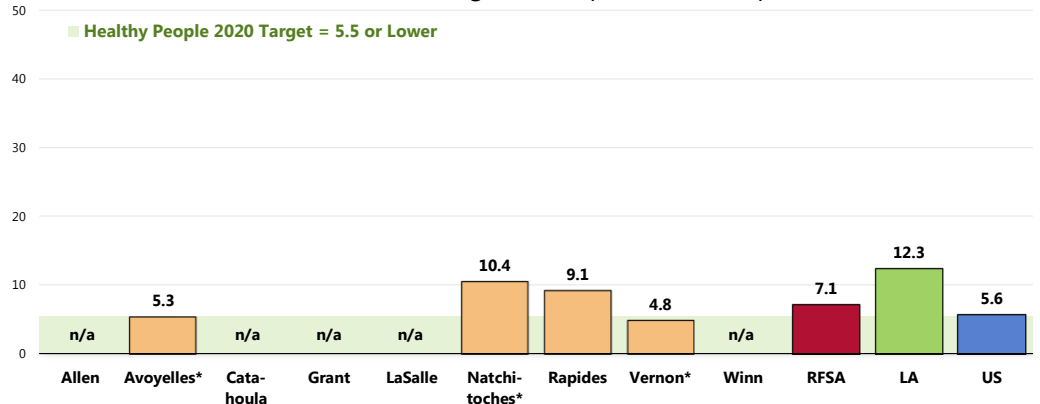
Homicide

Between 2008 and 2010, there was an annual average age-adjusted homicide rate of 7.1 deaths per 100,000 population in the RFSA.

- More favorable than the rate found statewide.
- Less favorable than the national rate.
- Fails to satisfy the Health People 2020 target.
- Higher rates are found in Natchitoches and Rapides parishes; lower rates are reported in Avoyelles and Vernon parishes. Note that individual rates cannot be reported for several of the parishes due to low numbers of deaths.

Homicide: Age-Adjusted Mortality

(2008-2010* Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.

• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IPV-29]

Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).

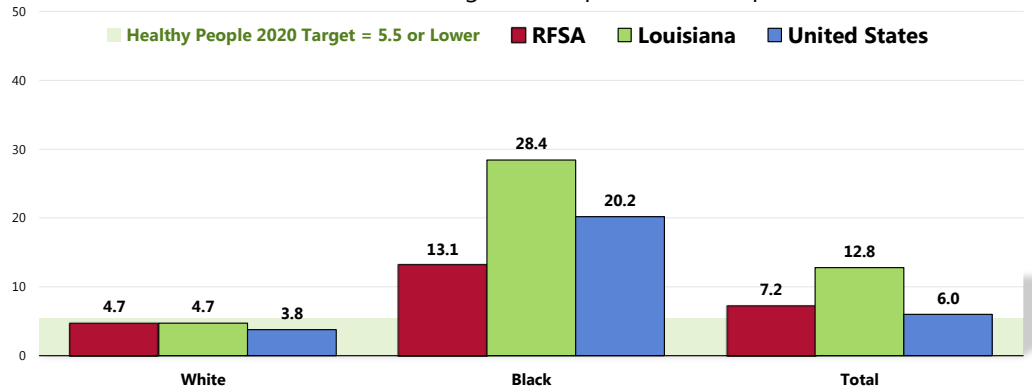
• Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

• * Due to low numbers of deaths: the rates for Avoyelles, Natchitoches, and Vernon parishes represent 2001-2010 data; rates for Allen, Catahoula, Grant, LaSalle and Winn parishes are not available.

• NOTE: 2008 deaths for Allen Parish are underreported due to problems registering deaths with the Louisiana Vital Statistics Office.

👤 The homicide rate is much higher among Blacks than among Whites in the RFSa.

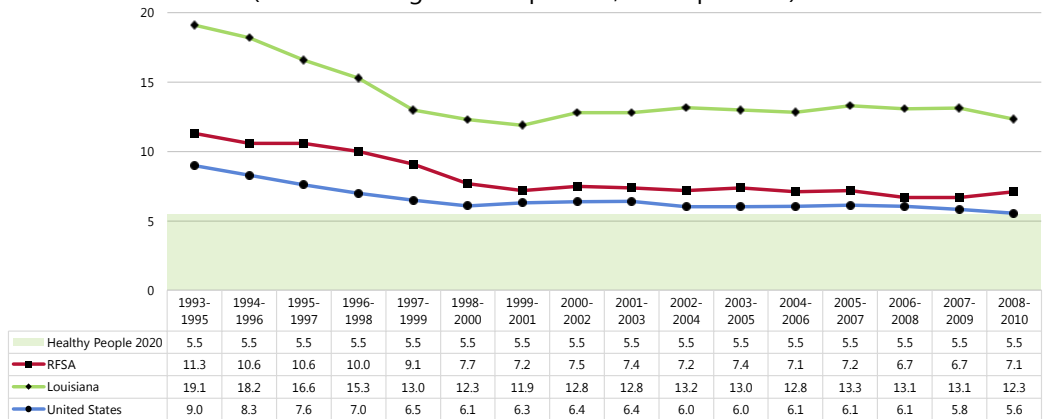
Homicide: Age-Adjusted Mortality by Race (2001-2010 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IPV-29]
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
 • NOTE: 2006-2008 deaths for Allen Parish are underreported due to problems registering deaths with the Louisiana Vital Statistics Office.

📉 Homicide rates have decreased, most notably in the mid to late 1990s.

Homicide: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)



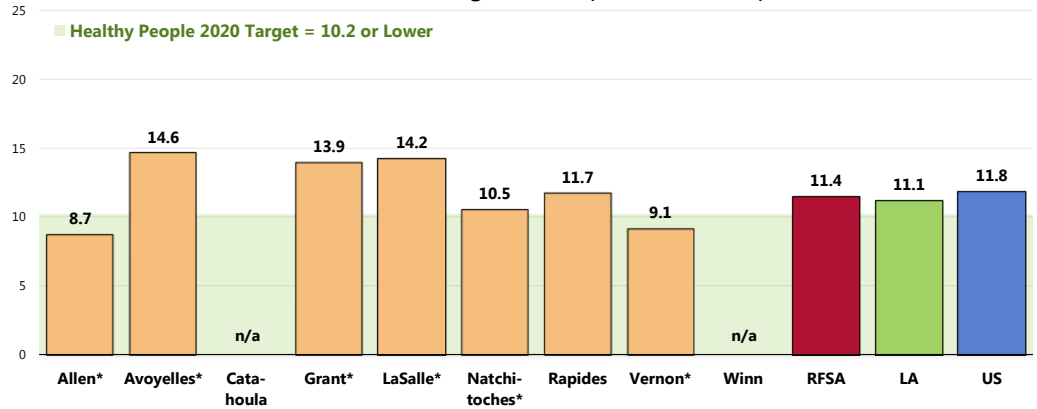
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IPV-29]
 Notes: • Deaths from 1999 forward are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10); pre-1999 data were coded using ICD-9 coding.
 • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
 • State and national data are simple three-year averages; the RFSa three-year average is weighted by population.
 • NOTE: 2006-2008 deaths for Allen Parish are underreported due to problems registering deaths with the Louisiana Vital Statistics Office.

Suicide

Between 2008 and 2010, there was an annual average age-adjusted suicide rate of 11.4 deaths per 100,000 population in the RFSA.

- Similar to the rate found statewide.
- Similar to the national rate.
- Fails to meet the Health People 2020 target.
- By parish: suicide rates are higher in Avoyelles, Grant, and LaSalle parishes; lower rates are reported in Allen, Natchitoches, and Vernon parishes.

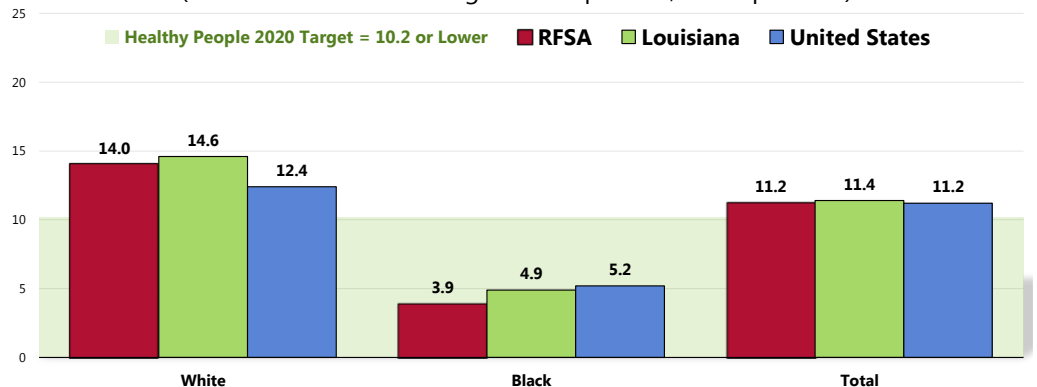
Suicide: Age-Adjusted Mortality (2008-2010* Annual Average Deaths per 100,000 Population)



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MHMD-1]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
 - * Due to low numbers of deaths: the rates for Allen, Grant, LaSalle and Natchitoches parishes represent 2001-2010 data; rates for Avoyelles and Vernon parishes represent 2006-2010 data. Rates for Catahoula and Winn parishes are not available.
 - NOTE: 2006-2008 deaths for Allen Parish are underreported due to problems registering deaths with the Louisiana Vital Statistics Office.

👤 The suicide rate is more than three times as high among Whites as among Blacks in the RFSA.

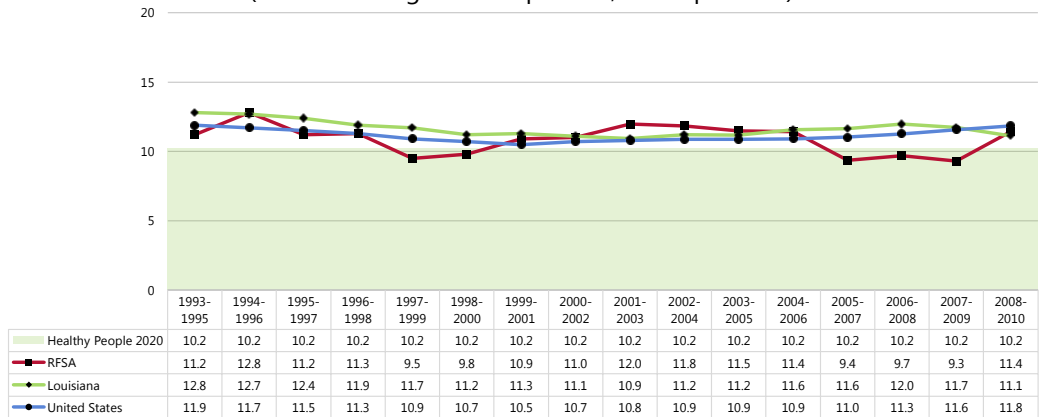
Suicide: Age-Adjusted Mortality by Race (2001-2010 Annual Average Deaths per 100,000 Population)



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MHMD-1]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
 - NOTE: 2006-2008 deaths for Allen Parish are underreported due to problems registering deaths with the Louisiana Vital Statistics Office.

☒ The RFSA suicide rate has fluctuated, but overall has not changed significantly since the 1993-1995 reporting period.

Suicide: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MHMD-1]
 Notes: • Deaths from 1999 forward are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10); pre-1999 data were coded using ICD-9 coding.
 • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
 • State and national data are simple three-year averages; the RFSA three-year average is weighted by population.
 • NOTE: 2006-2008 deaths for Allen Parish are underreported due to problems registering deaths with the Louisiana Vital Statistics Office.

Violent Crime

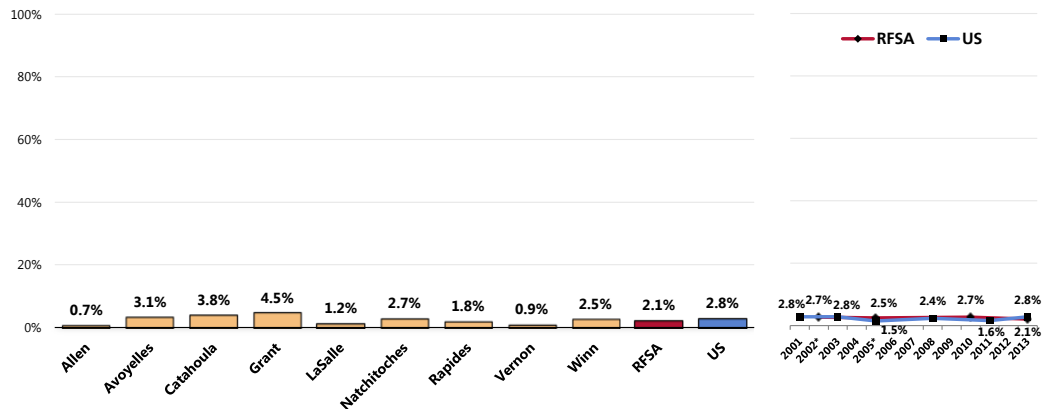
Self-Reported Violence

A total of 2.1% of RFSA adults acknowledge being the victim of a violent crime in the past five years.

- Comparable to the national percentage.
- Unfavorably high in Grant Parish; lowest in Allen and Vernon parishes.

☒ The prevalence of residents who have been victims of a violent crime in the past 5 years has remained stable.

Victim of a Violent Crime in the Area in the Past 5 Years



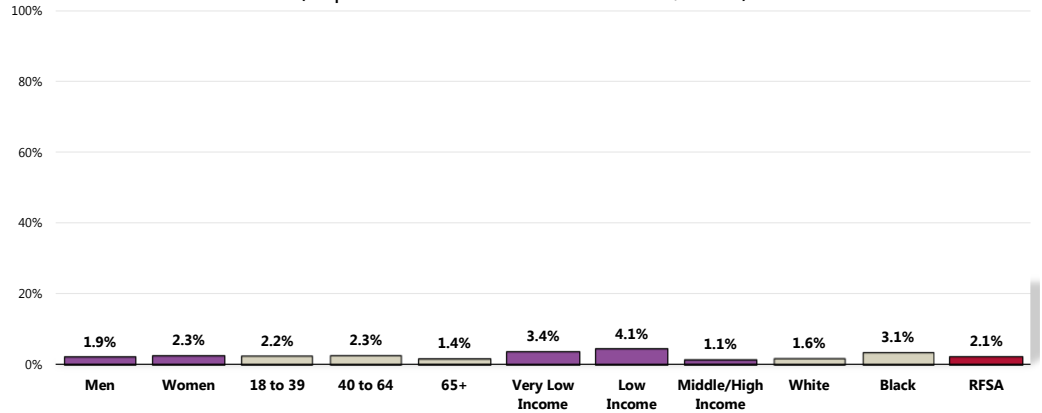
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 45]
 • 2013 PRC National Health Survey, Professional Research Consultants.
 Notes: • Asked of all respondents.
 • *Prior to 2010, the RFSA survey did not ask if the crime occurred locally ("in your area").

NOTE:
Due to sparse reporting for several parishes in recent years, reliable offense-based violent crime data are not available for the RFSA.

👤 Reports of violence are notably higher among residents with low and very low incomes.

Victim of a Violent Crime in the Past 5 Years

(Rapides Foundation Service Area, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 45]
 • Asked of all respondents.
 Notes: • Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

Family Violence

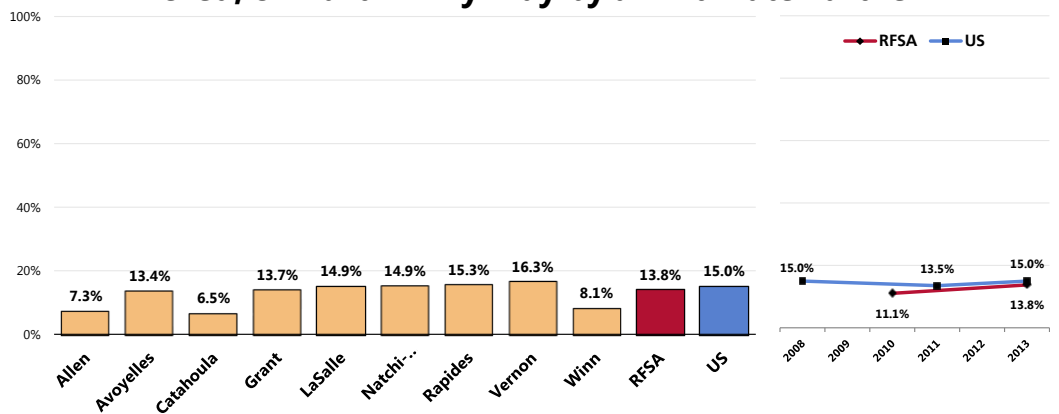
Respondents were told:

"By an intimate partner, I mean any current or former spouse, boyfriend, or girlfriend. Someone you were dating, or romantically or sexually intimate with would also be considered an intimate partner."

A total of 13.8% of RFSA adults acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.

- Comparable to national findings.
- Favorably low in Allen, Catahoula, and Winn parishes.
- ☒ Marks a significant increase from 2010 survey results.

Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner

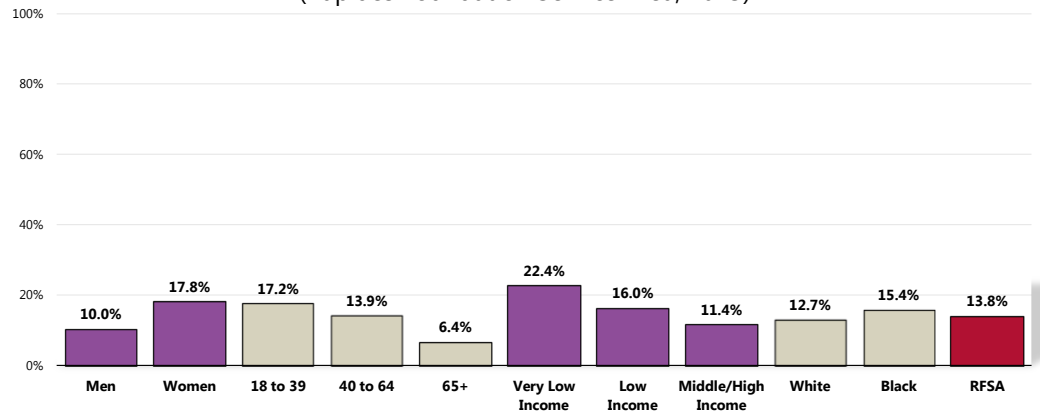


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 46]
 • 2013 PRC National Health Survey, Professional Research Consultants.
 Notes: • Asked of all respondents.

Reports of domestic violence are notably higher among:

- 👤 Women.
- 👤 Adults under age 65 (note the negative correlation with age).
- 👤 Residents with lower incomes (negative correlation with income).

Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner (Rapides Foundation Service Area, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 46]
 Notes: • Asked of all respondents.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income* = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

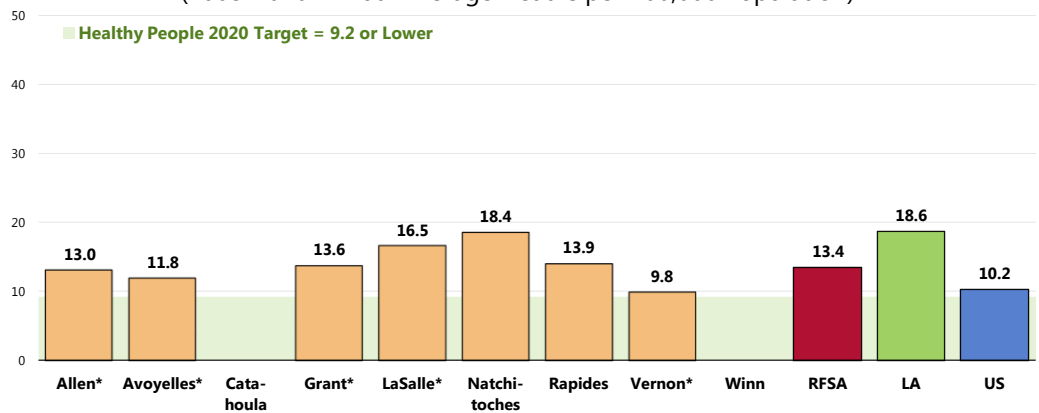
Firearm Safety

Age-Adjusted Firearm-Related Deaths

Between 2008 and 2010, there was an annual average age-adjusted rate of 13.4 deaths per 100,000 population due to firearms in RFSA.

- Lower than found statewide.
- Higher than found nationally.
- Fails to satisfy the Healthy People 2020 objective.
- Higher in LaSalle, and Natchitoches parishes; lower in Avoyelles and Vernon parishes.

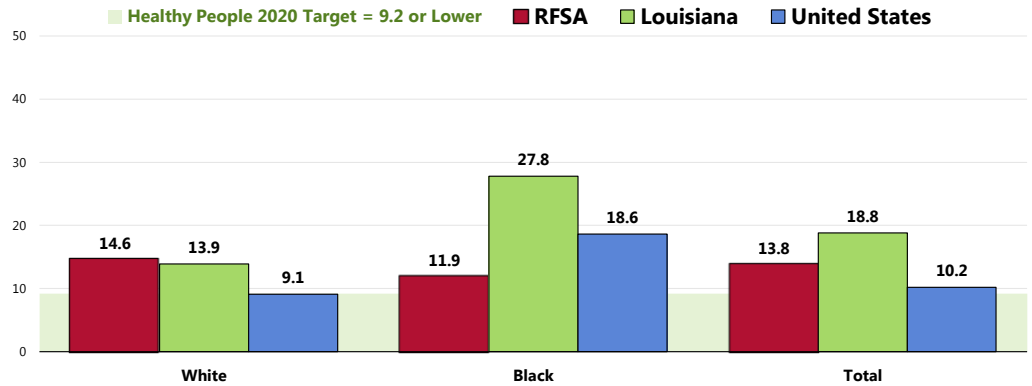
Firearms-Related Deaths: Age-Adjusted Mortality (2008-2010 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IPV-30]
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
 • Due to low numbers of deaths, rates for Catahoula and Winn parishes are not available.
 • * Due to low numbers of deaths: the rates for Allen, Grant and LaSalle parishes represent 2001-2010 data; the rates for Avoyelles and Vernon parishes represent 2006-2010 data.
 • NOTE: 2008 deaths for Allen Parish are underreported due to problems registering deaths with the Louisiana Vital Statistics Office.

👤 The RFSA firearm-related mortality rate is higher among Whites than among Blacks, contrary to state and national findings.

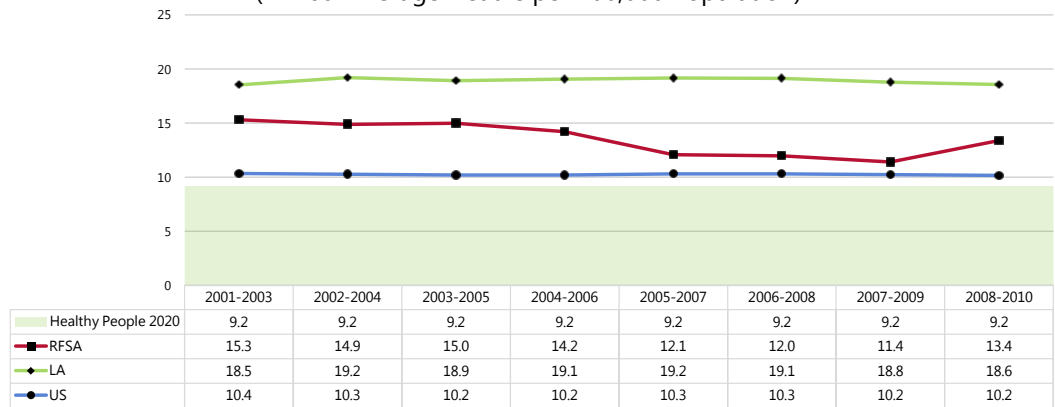
Firearms-Related Deaths: Age-Adjusted Mortality by Race (2001-2008 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IPV-30]
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
 • NOTE: 2006-2008 deaths for Allen Parish are underreported due to problems registering deaths with the Louisiana Vital Statistics Office.

📉 The mortality rate in the RFSA decreased over the past decade.

Firearms-Related Deaths: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IPV-30]
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
 • NOTE: 2006-2008 deaths for Allen Parish are underreported due to problems registering deaths with the Louisiana Vital Statistics Office.

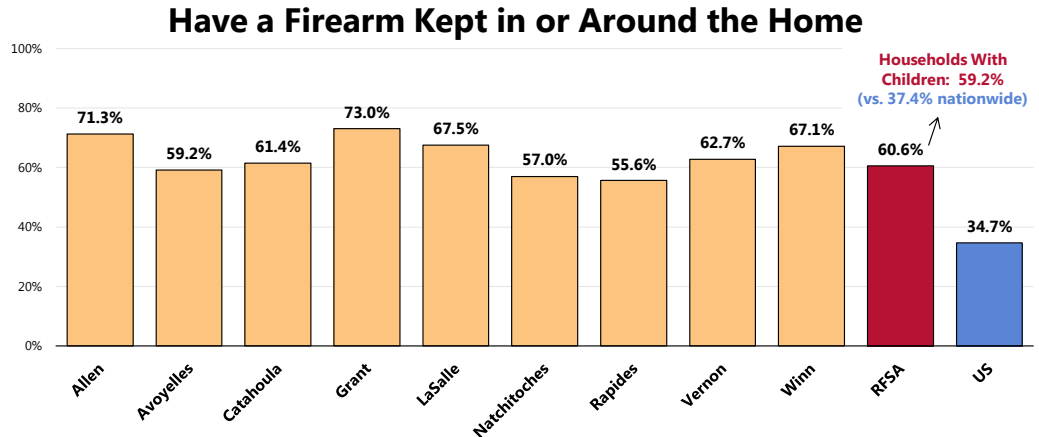
Presence of Firearms in Homes

Survey respondents were further asked about the presence of weapons in the home:

"Are there any firearms now kept in or around your home, including those kept in a garage, outdoor storage area, truck, or car? For the purposes of this inquiry, 'firearms' include pistols, shotguns, rifles, and other types of guns, but do NOT include starter pistols, BB guns, or guns that cannot fire."

A total of 60.6% of RFSA adults have a firearm kept in or around their home.

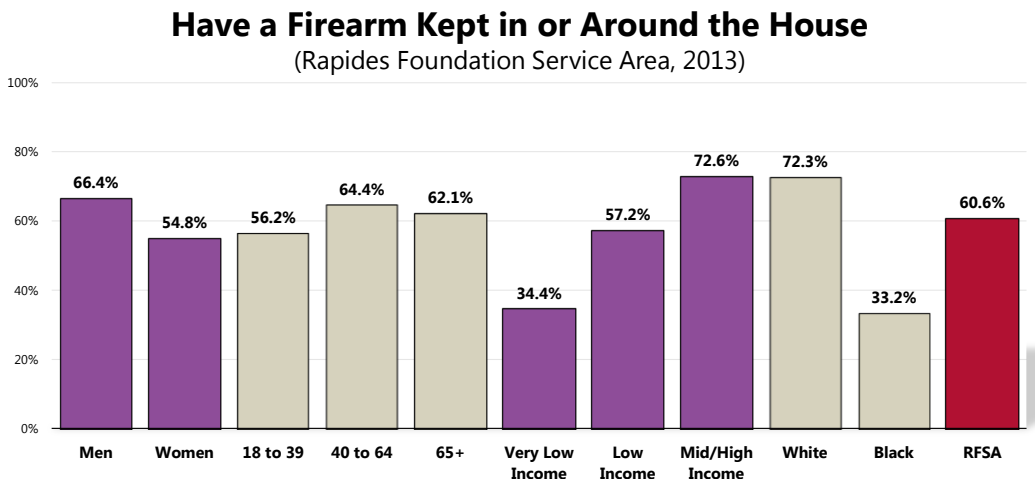
- Much higher than the national prevalence.
- Highest in Allen, Grant, LaSalle, and Winn parishes; lowest in Rapides Parish.
- 👤 Among RFSA households with children, 59.2% have a firearm kept in or around the house (well above that reported nationally).



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 48, 171]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • In this case, firearms include pistols, shotguns, rifles, and other types of guns; this does not include starter pistols, BB guns, or guns that cannot fire.

Reports of firearms in or around the home are more prevalent among the following respondent groups:

- 👤 Men.
- 👤 Adults age 40 and older.
- 👤 Higher-income households.
- 👤 White respondents.

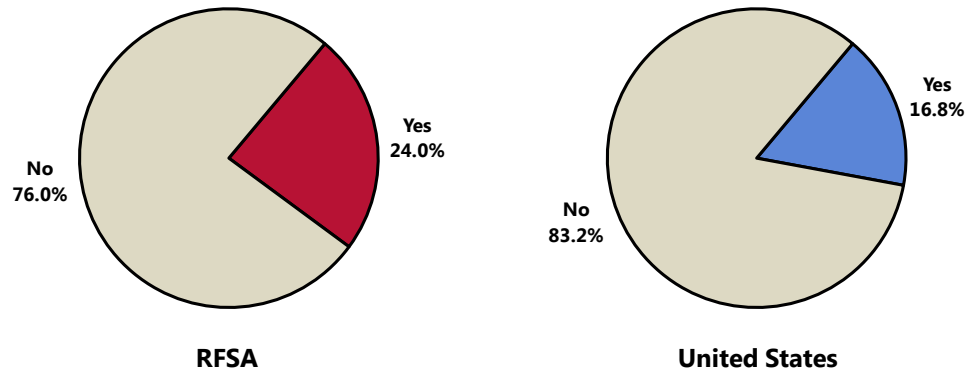


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 48]
 Notes: • Asked of all respondents.
 • In this case, firearms include pistols, shotguns, rifles, and other types of guns; this does not include starter pistols, BB guns, or guns that cannot fire.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

Among RFSA households with firearms, 24.0% report that there is at least one weapon that is kept unlocked and loaded.

- Higher than that found nationally.
- Highest in Grant Parish, lowest in Avoyelles Parish (not shown).

Household Has An Unlocked, Loaded Firearm
(Among Respondents Reporting a Firearm in or Around the Home)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 172]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents with a firearm in or around the home.
• In this case, firearms include pistols, shotguns, rifles, and other types of guns; this does not include starter pistols, BB guns, or guns that cannot fire.

Related Focus Group Findings: Injury & Violence

Many focus group participants are concerned with injury and violence in the community. The main issues included:

- Prevalence of firearms
- Gun safety training

Attendees in Allen Parish worry about the **prevalence of firearms** in the community. Hunting is prevalent in the community and key informants believe that many households promote gun use but do not provide adequate **safety training**. Injury and accidents related to gun use have occurred in Allen Parish.

“The first year I was here as pastor, we lost a young man to an accidental gunshot from a hunting accident. The population of folks here in Elizabeth and Oberlin, these young boys hunt and every kid in my church hunts in some way.” — Allen Parish Key Informant

Several participants feel that gun safety classes need to be a requirement to own a firearm.

Diabetes

Diabetes affects nearly 16 million adults and contributes to about 200,000 deaths a year. Diabetes can cause heart disease, stroke, blindness, kidney failure, leg and foot amputations, pregnancy complications, and deaths related to influenza and pneumonia. About 5.4 million adults are unaware they have the disease.

Among adults, diagnosed diabetes (including gestational diabetes) increased 49% from 1990 to 2000. The largest increase was among people age 30–39. Type 2 affects 90%–95% of people with diabetes and is linked to obesity and physical inactivity.

The direct and indirect costs of diabetes in America are nearly \$100 billion a year.

– National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

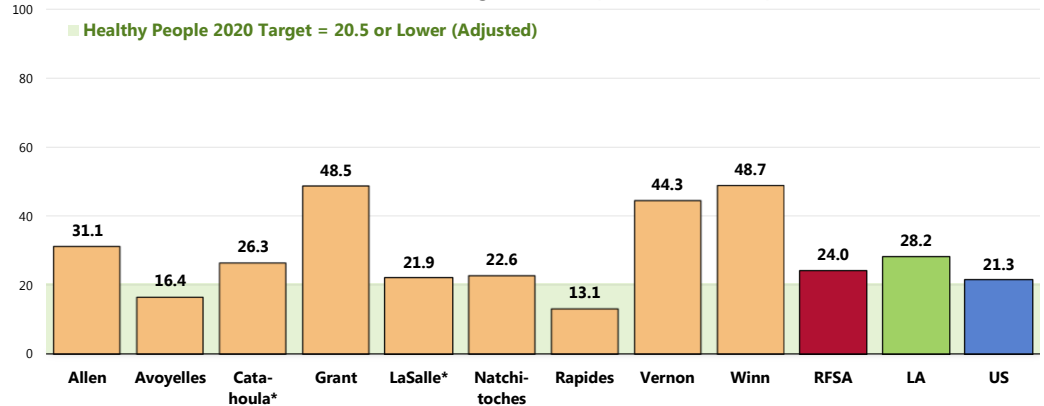
Age-Adjusted Diabetes Mellitus Deaths

Between 2008 and 2010, there was an annual average age-adjusted diabetes mortality rate of 24.0 deaths per 100,000 population in the RFSA.

- Lower than the Louisiana rate.
- Higher than the national rate.
- Fails to satisfy the Health People 2020 target.
- Particularly high in Allen, Grant, Vernon, and Winn parishes; lower (more favorable) in Avoyelles, LaSalle, Natchitoches, and Rapides parishes.

Diabetes: Age-Adjusted Mortality

(2008–2010* Annual Average Deaths per 100,000 Population)

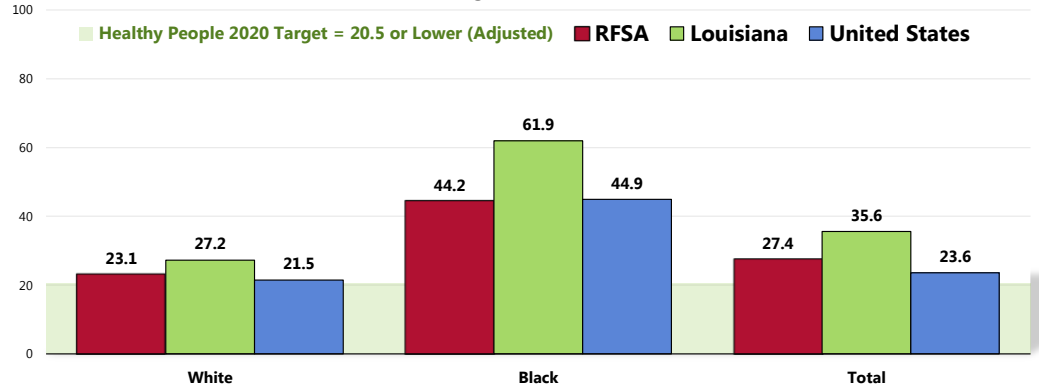


- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective D-3]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
 - The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.
 - * Due to low numbers of deaths, the rates for Catahoula and LaSalle parishes represent 2001–2010 data.
 - NOTE: 2008 deaths for Allen Parish are underreported due to problems registering deaths with the Louisiana Vital Statistics Office.

Diabetes mortality is much higher in the RFSA's Black population.

Diabetes: Age-Adjusted Mortality by Race

(2001-2010 Annual Average Deaths per 100,000 Population)

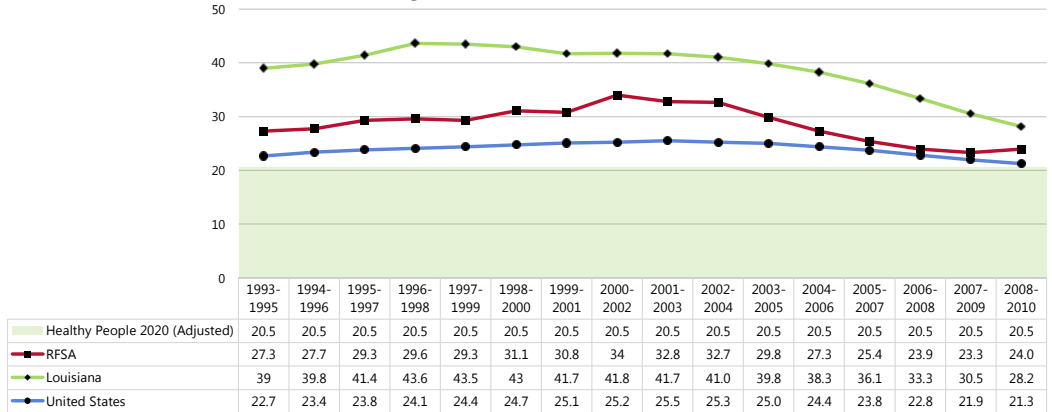


- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective D-3]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
 - The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.
 - NOTE: 2006-2008 deaths for Allen Parish are underreported due to problems registering deaths with the Louisiana Vital Statistics Office.

Diabetes mortality rates have declined in recent years.

Diabetes: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



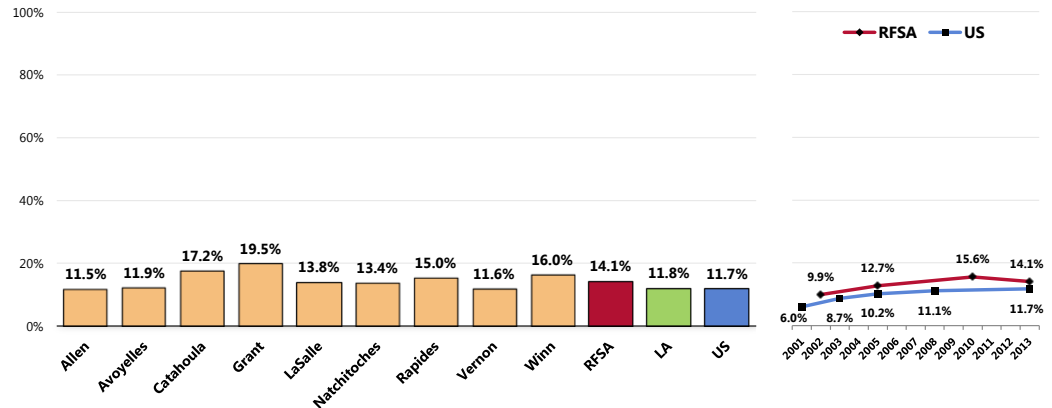
- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective D-3]
- Notes:
- Deaths from 1999 forward are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10); pre-1999 data were coded using ICD-9 coding.
 - Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
 - State and national data are simple three-year averages; the RFSA three-year average is weighted by population.
 - The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.
 - NOTE: 2006-2008 deaths for Allen Parish are underreported due to problems registering deaths with the Louisiana Vital Statistics Office.

Prevalence of Diabetes

A total of 14.1% of RFSA adults report having been diagnosed with diabetes.

- Higher than the proportion statewide.
- Higher than the national proportion.
- Unfavorably high in Grant Parish.
- ▣ The diabetes prevalence has increased significantly in the RFSA since 2002.

Prevalence of Diabetes



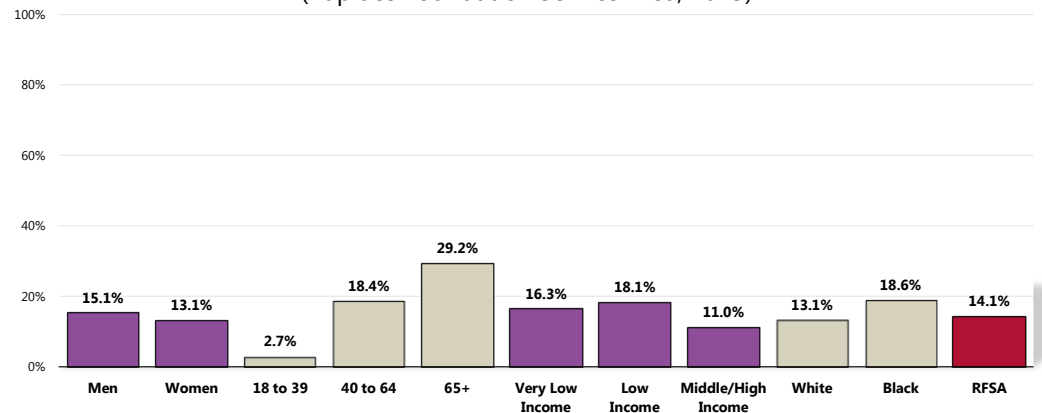
- Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 34]
 - 2013 PRC National Health Survey, Professional Research Consultants.
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 Louisiana data.
- Notes:
- Asked of all respondents.
 - Because the CDC implemented changes to the BRFSS weighting methodology in 2011, state findings might not be directly comparable to the regional or national findings outlined in this report.

A higher prevalence of diabetes is reported among the following demographic groups:

- 👥 Adults age 40 and older (note a positive correlation with age, with 29.2% of seniors with diabetes).
- 👥 Lower-income residents.
- 👥 Black adults.

Prevalence of Diabetes

(Rapides Foundation Service Area, 2013)



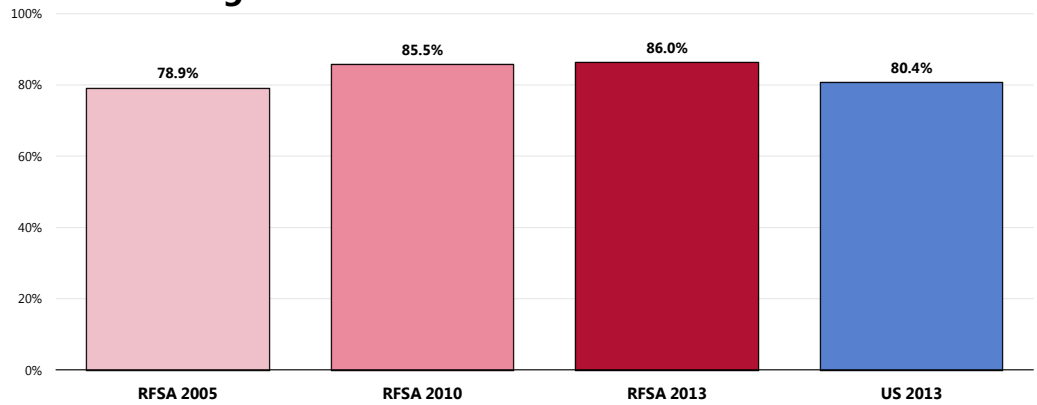
- Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 34]
- Notes:
- Asked of all respondents.
 - Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

Diabetes Treatment

Among adults with diabetes, most (86.0%) are currently taking insulin or some type of medication to manage their condition.

- Higher than the prevalence found nationally among diabetics.
- ▣ Marks a statistically significant increase over time in the RFSa.

Taking Insulin or Other Medication for Diabetes

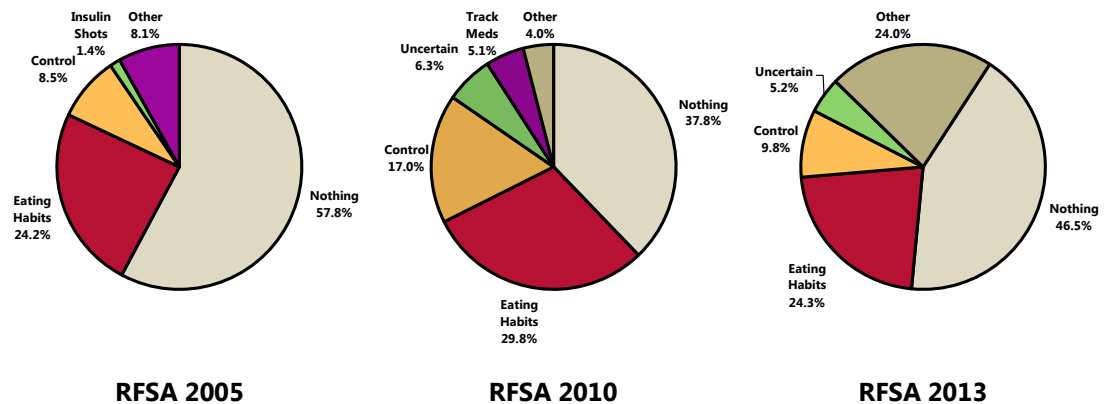


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 35]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all diabetic respondents.

Among diabetics, 46.5% report not having any problem controlling their blood sugar.

- ▣ In 2005, 57.8% of RFSa diabetics reported having no problems controlling their blood sugar.

Problems Controlling Blood Sugar (Among Diabetics; Rapides Foundation Service Area)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 36]
 Notes: • Asked of all diabetic respondents.

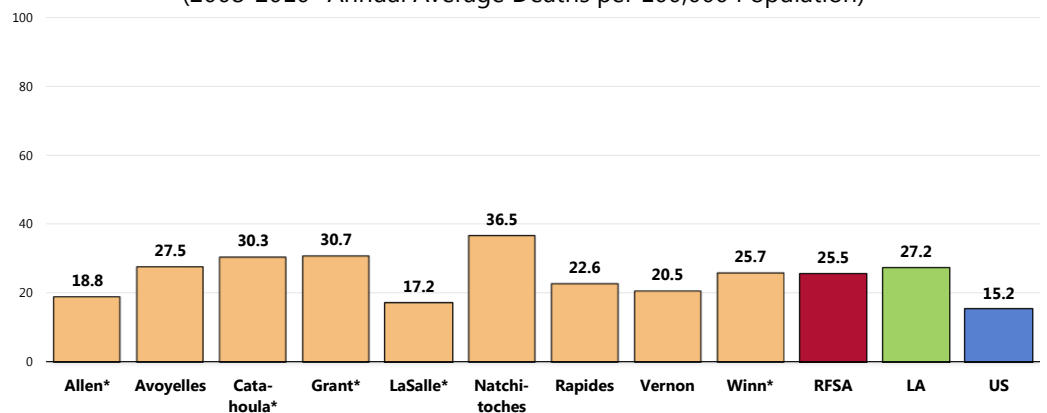
Kidney Disease

Age-Adjusted Kidney Disease Deaths

Between 2008 and 2010, there was an annual average age-adjusted kidney disease mortality rate of 25.5 deaths per 100,000 population in the RFSA.

- Better than the rate found statewide.
- Much less favorable than the national rate.
- Higher (less favorable) in Avoyelles, Catahoula, Grant, and Natchitoches parishes; lower in Allen, LaSalle, Rapides, and Vernon parishes.

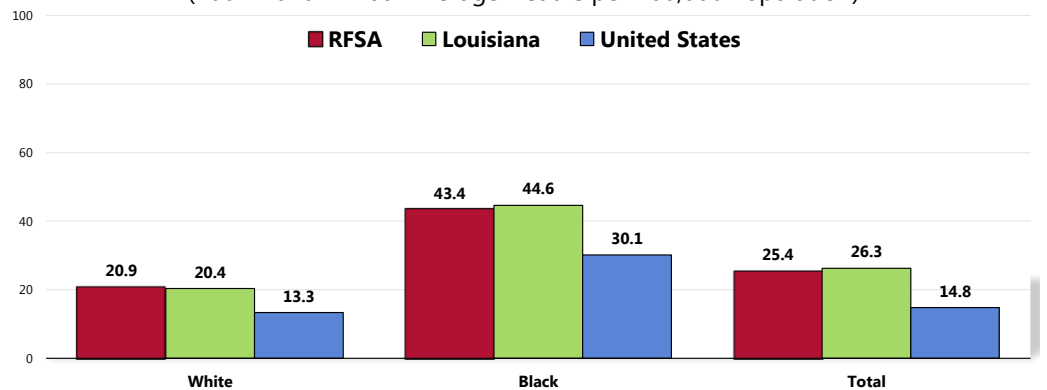
Kidney Disease: Age-Adjusted Mortality
(2008-2010* Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
• * Due to low numbers of deaths: the rates for Allen, Catahoula, LaSalle and Winn parishes represent 2001-2010 data; the rate for Grant Parish represents 2006-2010 data.
• NOTE: 2006-2008 deaths for Allen Parish are underreported due to problems registering deaths with the Louisiana Vital Statistics Office.

👤 The mortality rate is twice as high among Blacks as among Whites in the RFSA.

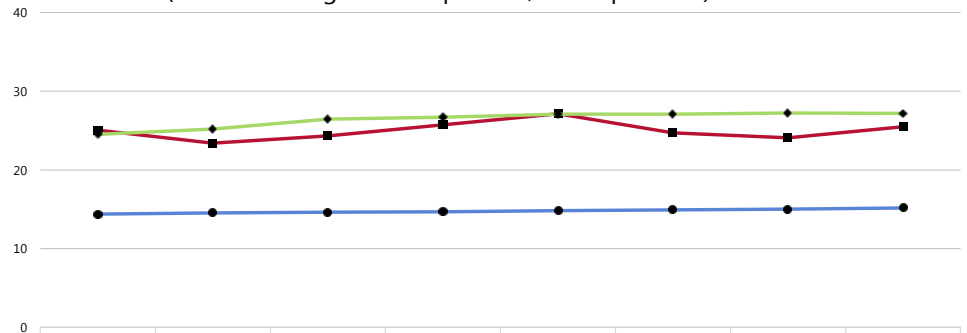
Kidney Disease: Age-Adjusted Mortality by Race
(2001-2010 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
• NOTE: 2006-2008 deaths for Allen Parish are underreported due to problems registering deaths with the Louisiana Vital Statistics Office.

☒ The RFSA mortality rate shows no clear trend since 2001-2003.

Kidney Disease: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)



	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010
RFSA	25.0	23.4	24.3	25.7	27.1	24.7	24.1	25.5
Louisiana	24.5	25.2	26.5	26.7	27.1	27.1	27.2	27.2
United States	14.4	14.5	14.6	14.7	14.8	14.9	15.0	15.2

- Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
- Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
 • State and national data are simple three-year averages; the RFSA three-year average is weighted by population.
 • NOTE: 2006-2008 deaths for Allen Parish are underreported due to problems registering deaths with the Louisiana Vital Statistics Office.

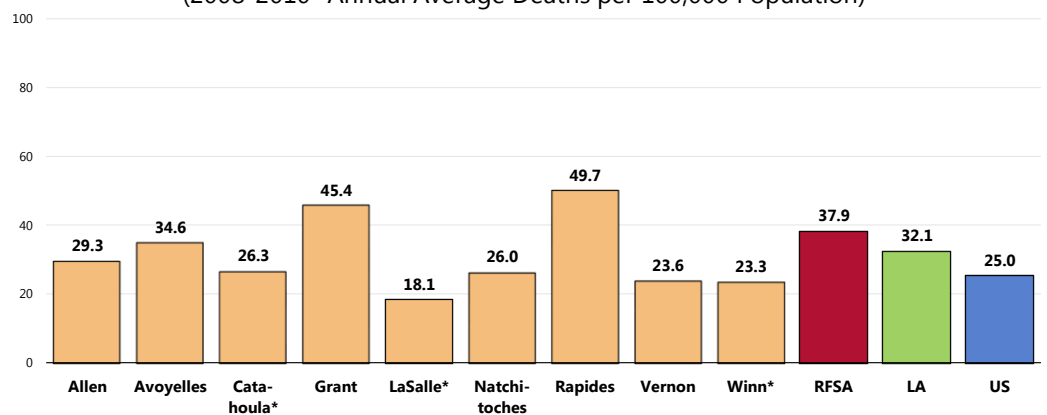
Alzheimer's Disease

Age-Adjusted Alzheimer's Disease Deaths

Between 2008 and 2010, there was an annual average age-adjusted Alzheimer's disease mortality rate of 37.9 deaths per 100,000 population in the RFSa.

- Higher than the statewide rate.
- Higher than the national rate.
- Most favorable in LaSalle, Vernon, and Winn parishes. Relatively high in Allen, Avoyelles, Grant and Rapides parishes.

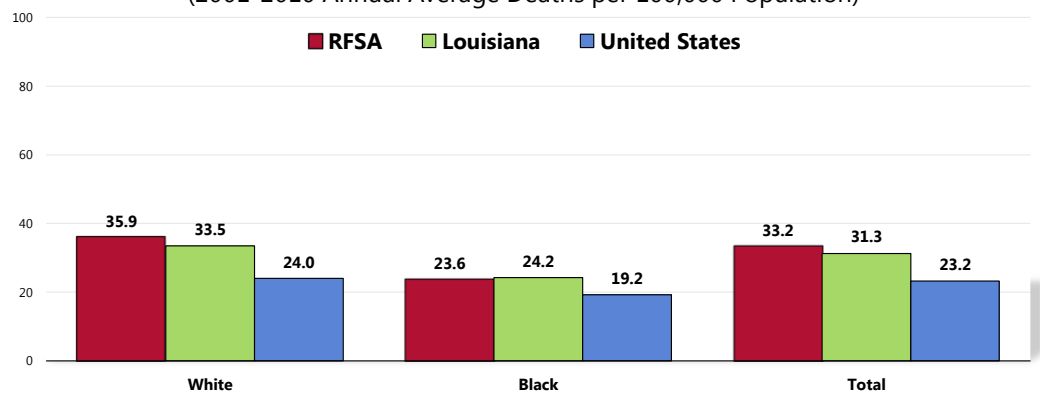
Alzheimer's Disease: Age-Adjusted Mortality (2008-2010* Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
 • * Due to low numbers of deaths: the rates for Catahoula and LaSalle parishes represent 2001-2010 data; the rate for Winn Parish represents 2006-2010 data.
 • NOTE: 2008 deaths for Allen Parish are underreported due to problems registering deaths with the Louisiana Vital Statistics Office.

👤 The death rate is much higher among Whites than among Blacks in the RFSa.

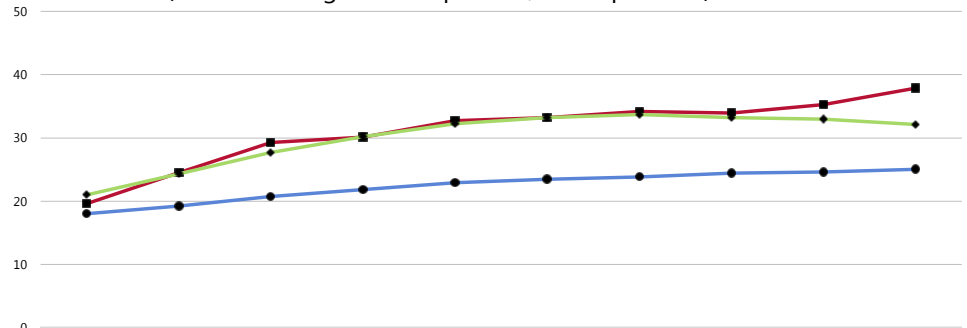
Alzheimer's Disease: Age-Adjusted Mortality by Race (2001-2010 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
 • NOTE: 2006-2008 deaths for Allen Parish are underreported due to problems registering deaths with the Louisiana Vital Statistics Office.

Alzheimer's disease mortality rates have increased over the past several years.

Alzheimer's Disease: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)



	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2008-2007	2006-2008	2007-2009	2008-2010
RFSA	19.6	24.5	29.3	30.1	32.7	33.2	34.2	34.0	35.3	37.9
Louisiana	21	24.3	27.7	30.2	32.3	33.2	33.7	33.2	33.0	32.1
United States	18	19.2	20.7	21.8	22.9	23.4	23.8	24.4	24.6	25.0

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.

- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
 - State and national data are simple three-year averages; the RFSA three-year average is weighted by population.
 - NOTE: 2006-2008 deaths for Allen Parish are underreported due to problems registering deaths with the Louisiana Vital Statistics Office.

Arthritis & Rheumatism

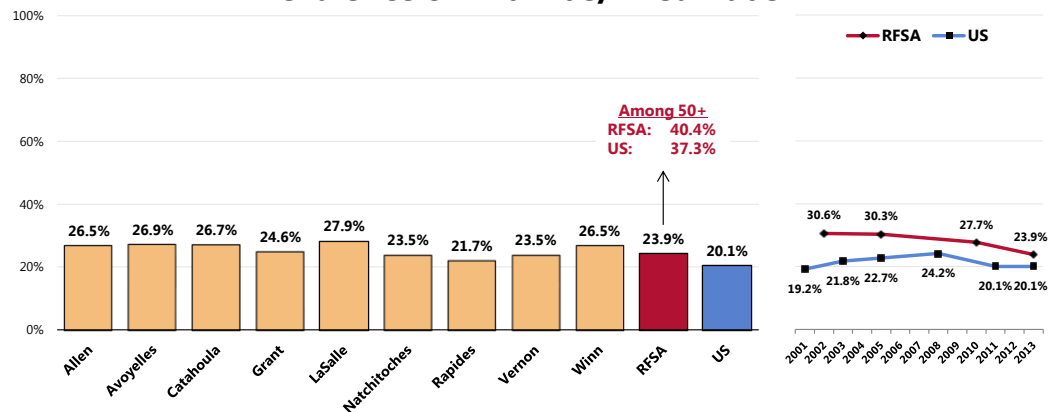
The current and projected growth in the number of people age 65 years and older in the United States has focused attention on preserving quality of life, as well as length of life. Chief among the factors involving preserving quality of life are the prevention and treatment of musculoskeletal conditions—the major causes of disability in the United States. Among musculoskeletal conditions, arthritis and other rheumatic conditions, osteoporosis, and chronic back conditions have the greatest impact on public health and quality of life.

– Healthy People 2020, 2nd Edition. US Department of Health and Human Services. Washington, DC: US Government Printing Office, November 2000.

Nearly one in four RFSA adults (23.9%) report suffering from arthritis or rheumatism.

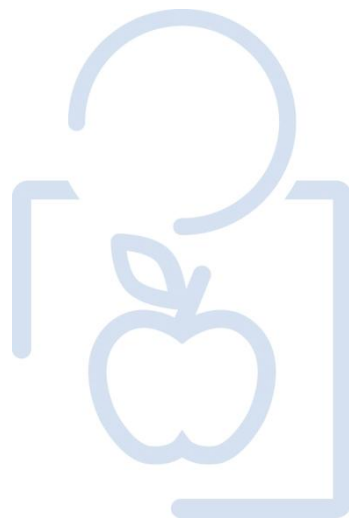
- Less favorable than that found nationwide.
- Favorably low in Rapides Parish.
- 👥 Among RFSA adults age 50 and older, 40.4% have arthritis or rheumatism (comparable to the national prevalence).
- 📉 The prevalence of arthritis/rheumatism in the RFSA has decreased significantly over time.

Prevalence of Arthritis/Rheumatism



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 26, 175]
 ● 2013 PRC National Health Survey, Professional Research Consultants.
 Notes: ● Asked of all respondents.

MODIFIABLE HEALTH RISK BEHAVIORS



Actual Causes Of Death

A 2002 study (an update to a landmark 1993 study), estimated that as many as 40% of premature deaths in the United States are attributed to behavioral factors. This study found that behavior patterns represent the single-most prominent domain of influence over health prospects in the United States. The daily choices we make with respect to diet, physical activity, and sex; the substance abuse and addictions to which we fall prey; our approach to safety; and our coping strategies in confronting stress are all important determinants of health.

The most prominent contributors to mortality in the United States in 2000 were tobacco (an estimated 435,000 deaths), diet and activity patterns (400,000), alcohol (85,000), microbial agents (75,000), toxic agents (55,000), motor vehicles (43,000), firearms (29,000), sexual behavior (20,000), and illicit use of drugs (17,000). Socioeconomic status and access to medical care are also important contributors, but difficult to quantify independent of the other factors cited. Because the studies reviewed used different approaches to derive estimates, the stated numbers should be viewed as first approximations.

These analyses show that smoking remains the leading cause of mortality. However, poor diet and physical inactivity may soon overtake tobacco as the leading cause of death. These findings, along with escalating healthcare costs and aging population, argue persuasively that the need to establish a more preventive orientation in the US healthcare and public health systems has become more urgent.

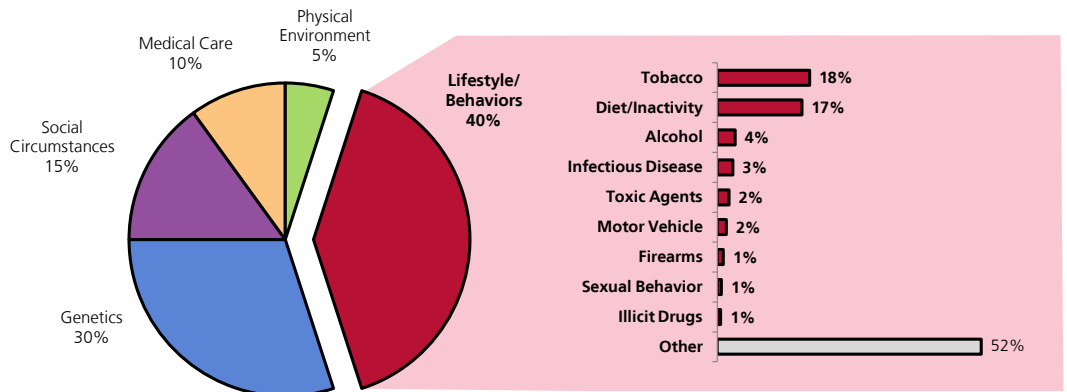
- Ali H. Mokdad, PhD; James S. Marks, MD, MPH; Donna F. Stroup, PhD, MSc; Julie L. Gerberding, MD, MPH. "Actual Causes of Death in the United States." JAMA, 291(2004):1238-1245.

Leading Causes of Death	Underlying Risk Factors (Actual Causes of Death)	
Cardiovascular disease	Tobacco use Elevated serum cholesterol High blood pressure	Obesity Diabetes Sedentary lifestyle
Cancer	Tobacco use Improper diet	Alcohol Occupational/environmental exposures
Cerebrovascular disease	High blood pressure Tobacco use	Elevated serum cholesterol
Accidental injuries	Safety belt noncompliance Alcohol/substance abuse Reckless driving	Occupational hazards Stress/fatigue
Chronic lung disease	Tobacco use	Occupational/environmental exposures

Source: National Center for Health Statistics/US Department of Health and Human Services, Health United States: 1987. DHHS Pub. No. (PHS) 88-1232.

Factors Contributing to Premature Deaths in the United States

While causes of death are typically described as the diseases or injuries immediately precipitating the end of life, a few important studies have shown that the actual causes of premature death (reflecting underlying risk factors) are often preventable.



Sources: "The Case For More Active Policy Attention to Health Promotion"; (McGinnis, Williams-Russo, Knickman) Health Affairs, Vol. 21, No. 2, March/April 2002. "Actual Causes of Death in the United States"; (Ali H. Mokdad, PhD; James S. Marks, MD, MPH; Donna F. Stroup, PhD, MSc; Julie L. Gerberding, MD, MPH) JAMA, 291(2000):1238-1245.

Nutrition

Adults

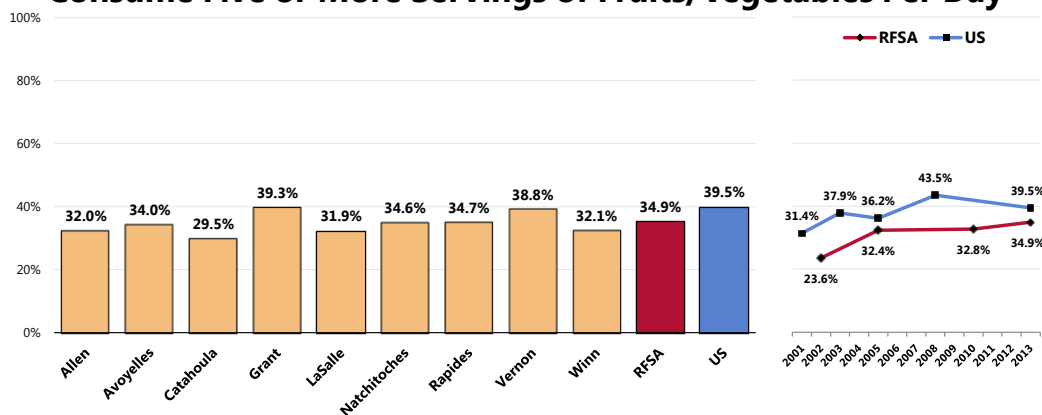
Daily Recommendation of Fruits/Vegetables

To measure food and beverage consumption, survey respondents were asked specifically about the foods and drinks they consumed on the day prior to the interview.

A total of 34.9% of area adults report eating five or more servings of fruits and/or vegetables per day.

- Lower than national findings.
- Similar percentages by parish.
- ☒ Marks a statistically significant increase in fruit/vegetable consumption in the RFSA since 2002.

Consume Five or More Servings of Fruits/Vegetables Per Day

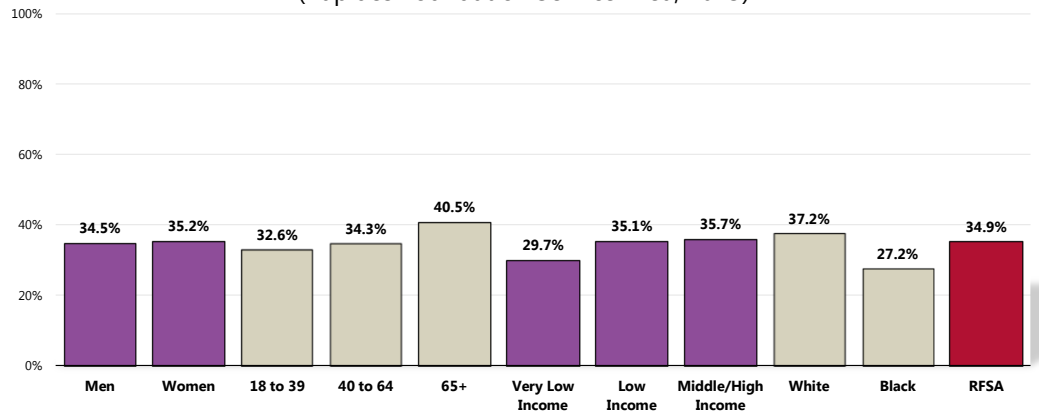


Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 185]
 ● 2013 PRC National Health Survey, Professional Research Consultants.
 Notes: ● Asked of all respondents.
 ● For this issue, respondents were asked to recall their food intake on the previous day.

Respondents less likely to get the recommended servings of fruits/vegetables include:

- ☒ Adults under age 65.
- ☒ Residents in households with very low incomes.
- ☒ Blacks.

Consume Five or More Servings of Fruits/Vegetables Per Day (Rapides Foundation Service Area, 2013)



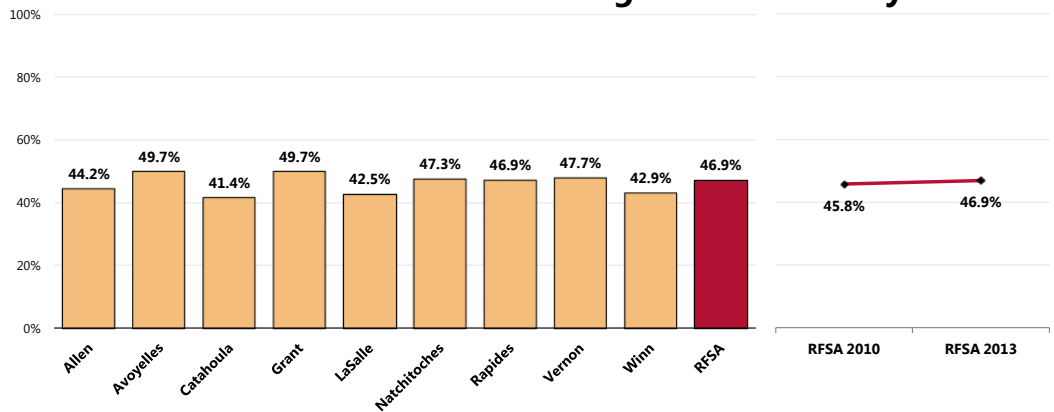
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 185]
 Notes: • Asked of all respondents.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.
 • For this issue, respondents were asked to recall their food intake on the previous day.

Fruits

A total of 46.9% of RFSA adults report eating at least two servings of fruit per day.

- Similar by parish.
- No significant change since 2010.

Consume Two or More Servings of Fruit Per Day



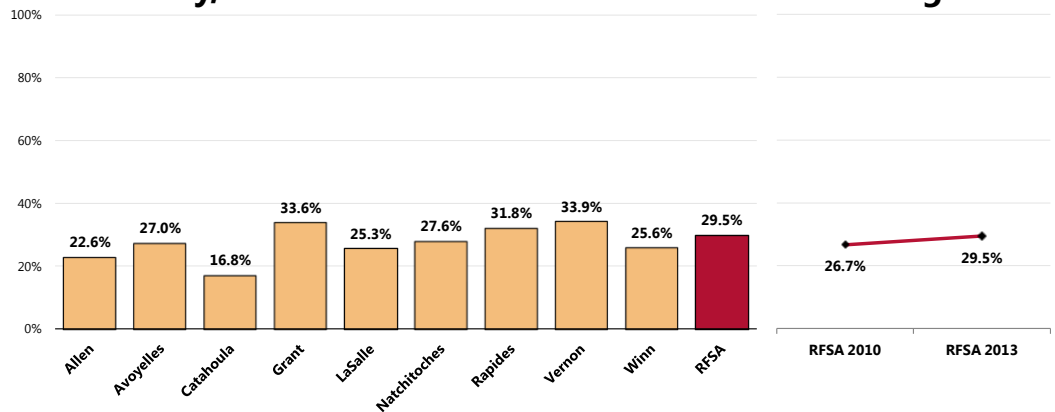
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 186]
 Notes: • Asked of all respondents.
 • For this issue, respondents were asked to recall their food intake on the previous day.

Vegetables

A total of 29.5% of survey respondents report eating three or more servings of vegetables per day, at least one-third of which are dark green or orange vegetables.

- Statistically high in Rapides and Vernon parishes; lowest in Allen and Catahoula.
- ▣ Denotes a significant increase since 2010.

Consume Three or More Servings of Vegetables Per Day, One-Third of Which Are Dark Green or Orange



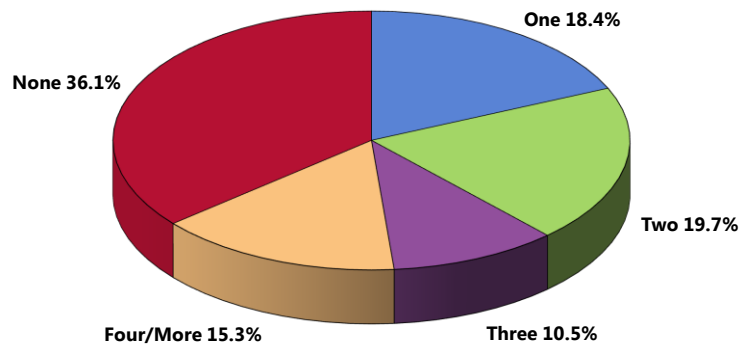
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 187]
 Notes: ● Asked of all respondents.
 ● For this issue, respondents were asked to recall their food intake on the previous day.

Consumption of Sugar-Sweetened Beverages

Nearly two-thirds (63.9%) of RFSA adults drink at least one sugar-sweetened beverage per day.

In this instance, sweetened drinks include, but are not limited to, non-diet soda, sweet tea, Gatorade, Monster or "power" drinks, and specialty coffee drinks in 12-ounce servings.

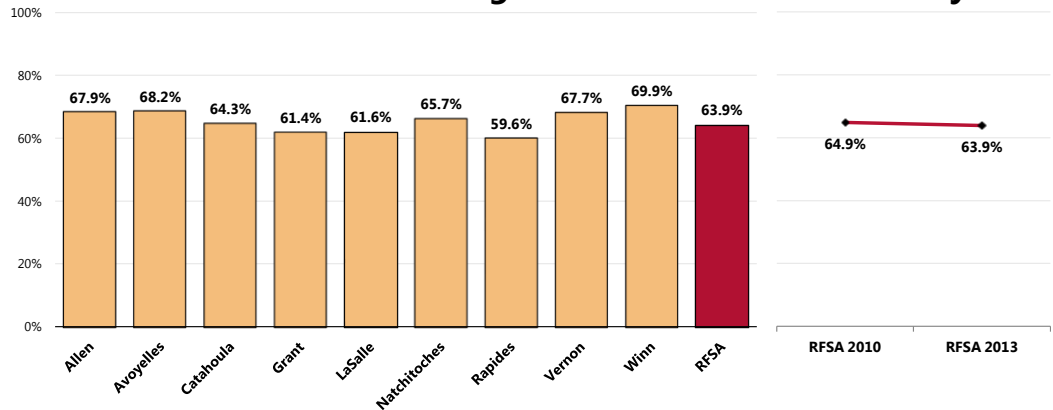
Adults: Servings of Sugar-Sweetened Drinks Consumed Per Day (Rapides Foundation Service Area, 2013)



Sources: ● 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 92]
 Notes: ● Asked of all respondents.
 ● In this case, respondents were asked to consider their beverage consumption from the previous day.
 ● Sugar-sweetened drinks include (but are not limited to) non-diet soda, sweet tea, Gatorade/Monster/"power" drinks, specialty coffee drinks, etc., in 12-ounce portions.

- Higher in Avoyelles and Winn parishes; lower in Rapides Parish.
- ☒ Statistically unchanged since first measured in 2010.

Consume One or More Sugar-Sweetened Drinks Per Day

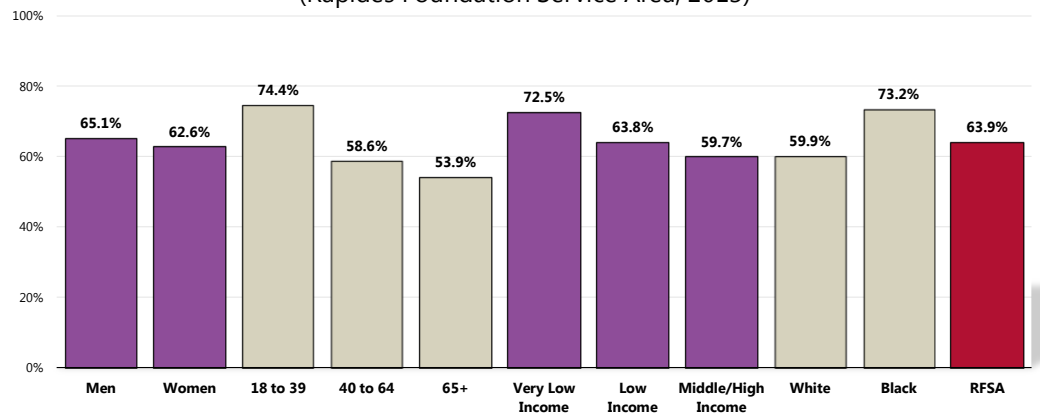


Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 92]
 Notes: ● Asked of all respondents.
 ● For this issue, respondents were asked to recall their food intake on the previous day.

Respondents more likely to drink sugar-sweetened beverages include:

- ☒ Residents under age 40.
- ☒ Residents with very low incomes.
- ☒ Blacks.

Consume One or More Sugar-Sweetened Drinks Per Day (Rapides Foundation Service Area, 2013)



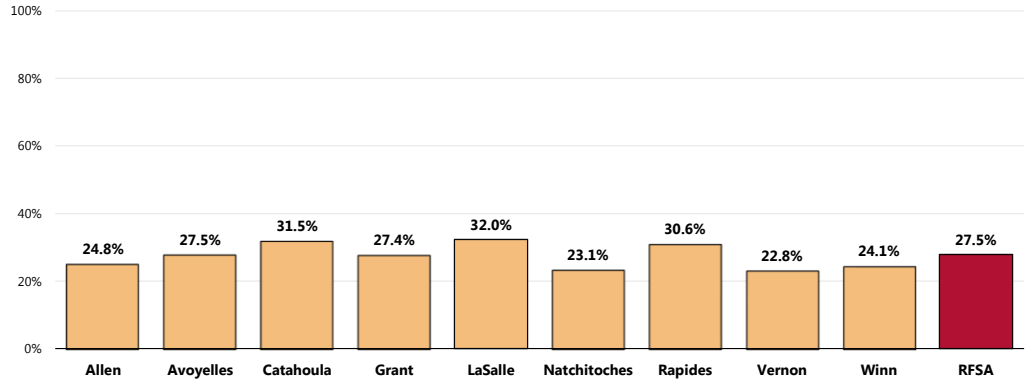
Sources: ● 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 92]
 Notes: ● Asked of all respondents.
 ● Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.
 ● For this issue, respondents were asked to recall their beverage intake on the previous day.
 ● Sugar-sweetened drinks include (but are not limited to) regular soda, sweet tea, Gatorade/Monster/"power" drinks, specialty coffee drinks, etc. in 12-ounce portions.

Consumption of Fast Food

A total of 27.5% of RFSA adults report three or more meals in the past week from fast food restaurants.

- Statistically high in Rapides Parish; lowest in Natchitoches and Vernon parishes. (Note that, while Catahoula and LaSalle parishes also appear to have high percentages, these are not statistically high due to lower samples/higher error rates.)

Eat Three or More Fast Food Meals Per Week



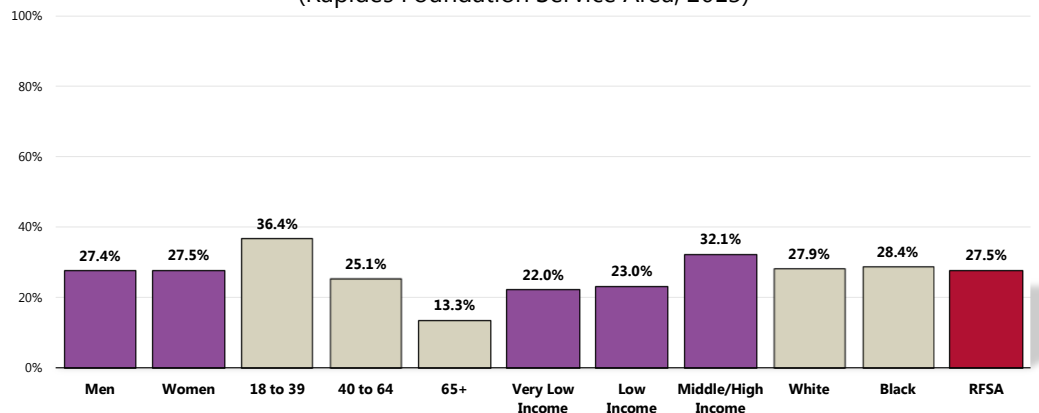
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 98]
Notes: • Asked of all respondents.

Fast food consumption is more prevalent among:

- Adults under 65, and especially under 40.
- Residents with higher incomes.

Eat Three or More Fast Food Meals Per Week

(Rapides Foundation Service Area, 2013)



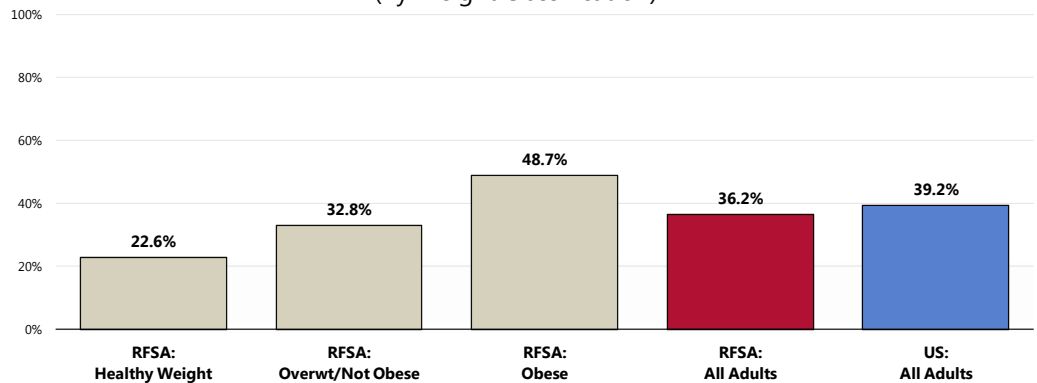
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 98]
Notes: • Asked of all respondents.
• Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

Health Advice About Diet & Nutrition

A total of 36.2% of survey respondents acknowledge that a physician counseled them about diet and nutrition in the past year.

- Comparable to national findings.
- Lower in Avoyelles and Vernon parishes; higher in LaSalle and Rapides (not shown).
- 👤 Among obese respondents, 48.7% report receiving diet/nutrition advice (meaning that over one-half did not). Note that this is below the 55.9% reported among obese respondents nationwide.

Have Received Advice About Diet and Nutrition in the Past Year From a Physician, Nurse, or Other Health Professional (By Weight Classification)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 19]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

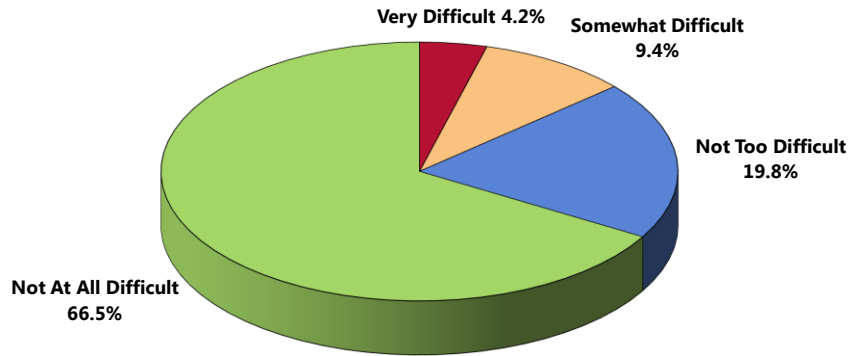
Difficulty Purchasing Fresh Produce

Two in three RFSAs residents (66.5%) indicate that it is “not at all difficult” to buy fresh produce like fruits and vegetables in their community.

- Another 19.8% report this as “not too difficult.”

Level of Difficulty in Purchasing Fresh Fruits & Vegetables in the Community

(Rapides Foundation Service Area, 2013)

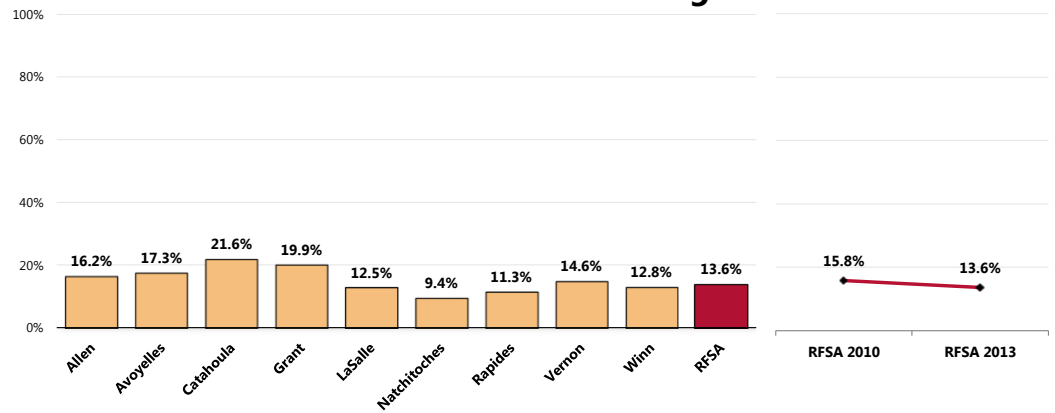


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 97]
Notes: • Asked of all respondents.

However, 9.4% of residents find the purchase of fresh fruits and vegetables to be “somewhat difficult,” and 4.2% find it “very difficult.”

- “Very/somewhat difficult” ratings are higher in Avoyelles, Catahoula, and Grant parishes, lower in Natchitoches and Rapides.
- ▣ Marks a significant decrease (improvement) from 2010 survey findings.

“Very/Somewhat” Difficult to Purchase Fresh Fruits & Vegetables

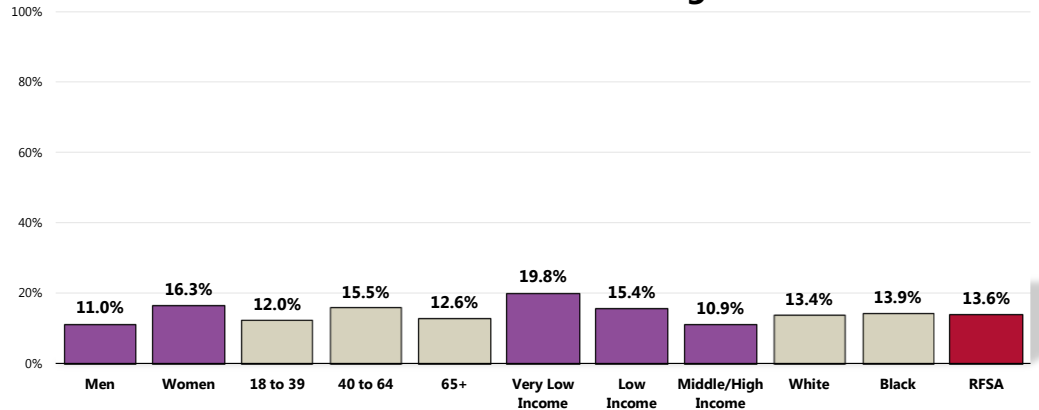


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 97]
Notes: • Asked of all respondents.

Higher among:

- 👥 Women.
- 👥 Adults age 40 to 64.
- 👥 Lower-income residents.

“Very/Somewhat” Difficult to Purchase Fresh Fruits & Vegetables



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 97]
 Notes: • Asked of all respondents.

Children

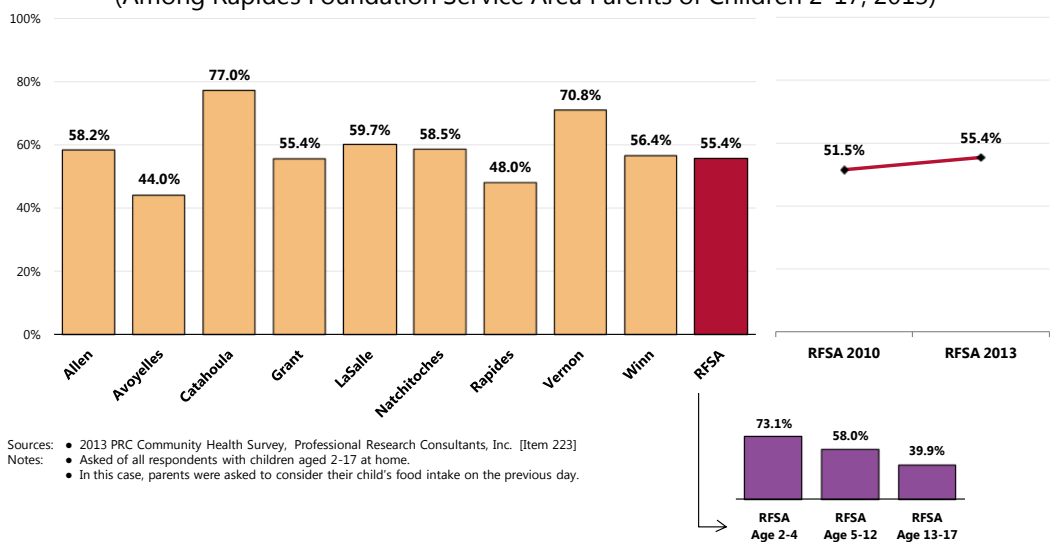
Children’s Consumption of Fruits and Vegetables

To measure children’s food and beverage consumption, parents were asked specifically about the foods and drinks their child consumed on the day prior to the interview.

Over one-half (55.4%) of RFSA parents of children age 2-17 reports that their child has five or more servings of fruits/vegetables per day.

- More favorable in Catahoula and Vernon parishes; less favorable (lower) in Avoyelles and Rapides.
- ▣ Statistically unchanged over time.
- 👤 Note the decreasing correlation with age in RFSA children.

Child Eats Five or More Servings of Fruits/Vegetables Per Day (Among Rapides Foundation Service Area Parents of Children 2-17, 2013)



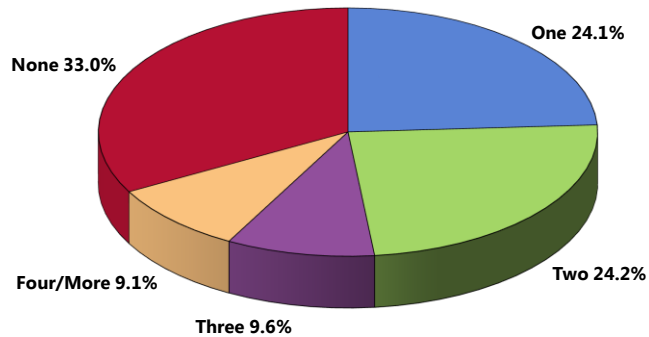
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 223]
 Notes: • Asked of all respondents with children aged 2-17 at home.
 • In this case, parents were asked to consider their child’s food intake on the previous day.

Children & Sugar-Sweetened Beverages

While 33.0% of RFSA children age 2-17 typically do not drink any sugar-sweetened beverages, 24.1% drink one per day, and 24.2% drink two per day.

- 9.6% drink three per day, and 9.1% drink four or more daily.

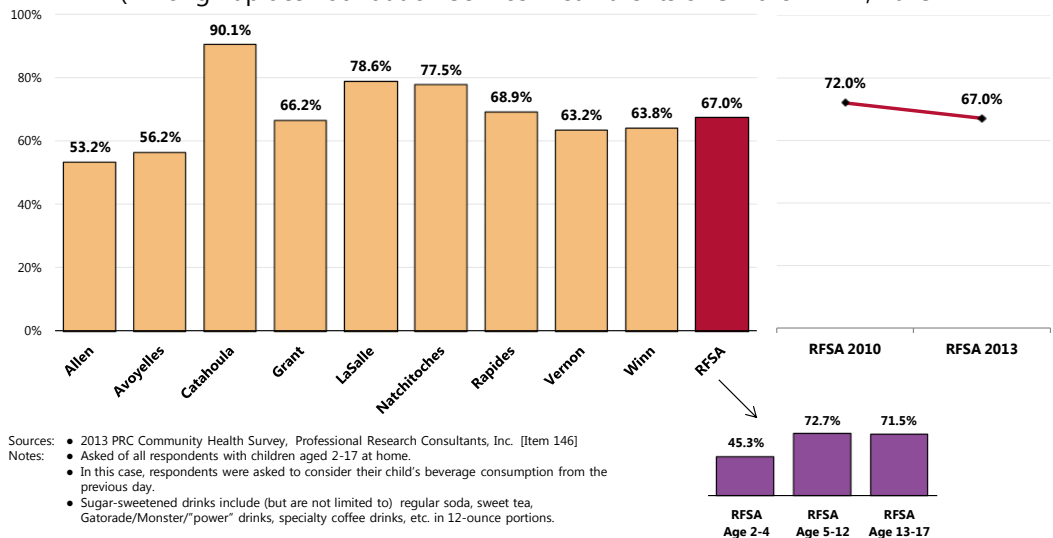
Children: Servings of Sugar-Sweetened Drinks Consumed Per Day (Rapides Foundation Service Area Children 2-17, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 146]
 Notes: • Asked of all respondents with children aged 2-17 at home.
 • In this case, respondents were asked to consider their child's beverage consumption from the previous day.
 • Sugar-sweetened drinks include (but are not limited to) regular soda, sweet tea, Gatorade/Monster/"power" drinks, specialty coffee drinks, etc. in 12-ounce portions.

- Children's sugar-sweetened beverage consumption is highest in Catahoula, LaSalle, and Natchitoches parishes; lowest in Allen and Avoyelles.
- ▣ Marks a significant decrease from 2010 survey findings.
- 👤 Among children age 5 and older, over 70% drink at least one sugar-sweetened beverage per day.

Child Consumes One or More Sugar-Sweetened Drinks Per Day (Among Rapides Foundation Service Area Parents of Children 2-17, 2013)





Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 146]
 Notes: • Asked of all respondents with children aged 2-17 at home.
 • In this case, respondents were asked to consider their child's beverage consumption from the previous day.
 • Sugar-sweetened drinks include (but are not limited to) regular soda, sweet tea, Gatorade/Monster/"power" drinks, specialty coffee drinks, etc. in 12-ounce portions.

Children & Fast Food

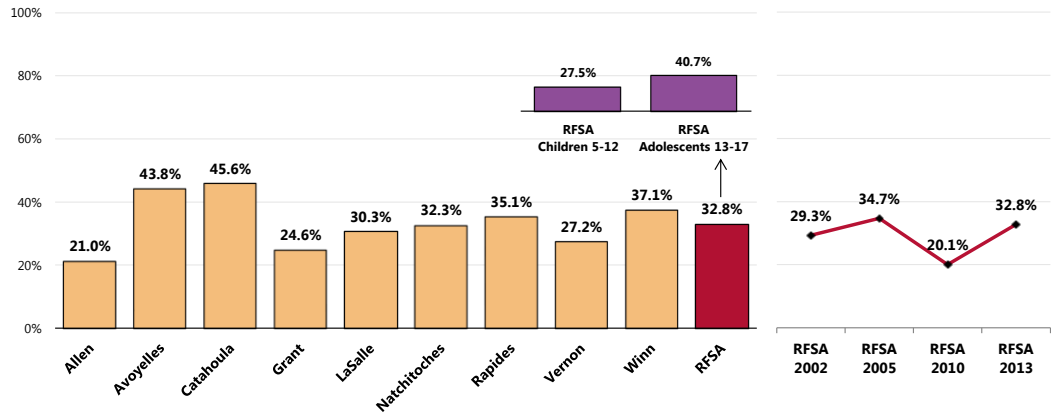
Just under one-third (32.8%) of area children age 5-17 is reported to have three or more fast food meals in an average week.




- Statistically high in Avoyelles Parish; lowest in Allen Parish. *(Although the Catahoula Parish percentage also appears high, it is not statistically high based on the associated sample size and error rate.)*

 Higher among area teens.

 Statistically unchanged from 2002 survey findings (although increasing from 2010).

Child Eats Three or More Fast Food Meals Per Week



Sources:  PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 151]
 Notes:  Asked of all respondents with children aged 5-17 at home.
 For this issue, respondents were asked to consider breakfast, lunch, and dinner.

Body Weight

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m²). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared (inches²)] x 703.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m² and obesity as a BMI of ≥30 kg/m². The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m². The increase in mortality, however, tends to be modest until a BMI of 30 kg/m² is reached. For persons with a BMI of ≥30 kg/m², mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25 kg/m².

Overweight and obesity result from a complex interaction between genes and the environment characterized by long-term energy imbalance due to a sedentary lifestyle, excessive caloric consumption, or both. They develop in a socio-cultural environment characterized by mechanization, sedentary lifestyle, and ready access to abundant food. Attempts to prevent overweight and obesity are difficult to both study and achieve.

- Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

Classification of Overweight and Obesity by BMI	BMI (kg/m ²)
Underweight	<18.5
Normal	18.5 – 24.9
Overweight	25.0 – 29.9
Obese	≥30.0

Source: Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

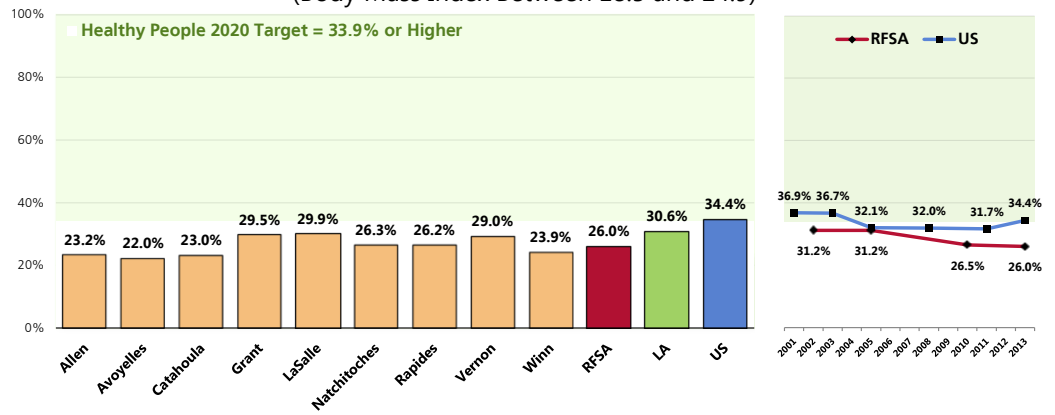
Healthy Weight

Based on self-reported heights and weights, only 26.0% of RFSA adults are at a healthy weight (neither underweight nor overweight, BMI = 18.5-24.9).

- Less favorable than the Louisiana percentage.
- Less favorable than national findings.
- Fails to satisfy the Healthy People 2020 target.
- Lowest (least favorable) in Avoyelles Parish.
- ☒ Marks a statistically significant decrease in healthy weight over time.

Healthy Weight

(Body Mass Index Between 18.5 and 24.9)



Sources:

- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 196]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2011 Louisiana Data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-8]

Notes:

- Based on reported heights and weights, asked of all respondents.
- The definition of healthy weight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), between 18.5 and 24.9.
- Because the CDC implemented changes to the BRFSS weighting methodology in 2011, state findings might not be directly comparable to the regional or national findings outlined in this report.

Overweight Status

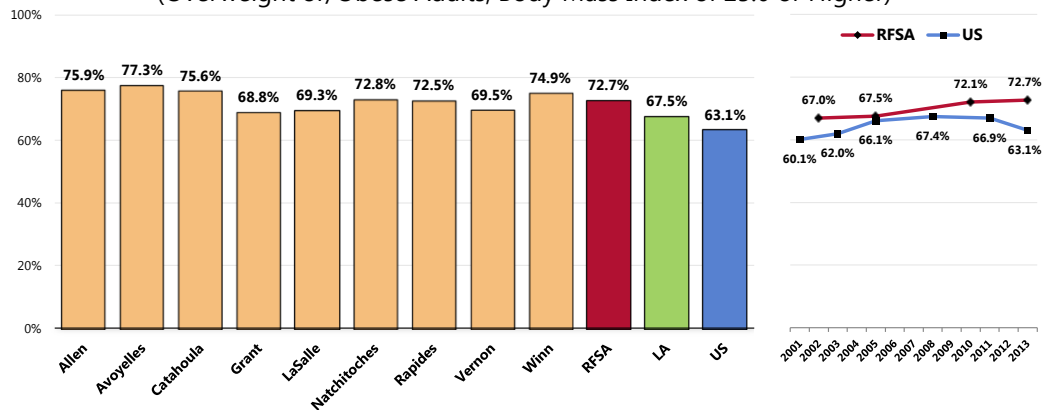
Adults

Based on self-reported heights and weights, 72.7% of RFSA adults are overweight or obese (BMI ≥ 25).

- Higher than the Louisiana prevalence.
- Higher than the US prevalence.
- Unfavorably high in Avoyelles Parish.
- ☒ Denotes a statistically significant increase in overweight since 2002 among RFSA adults.

Prevalence of Total Overweight

(Overweight or/Obese Adults; Body Mass Index of 25.0 or Higher)



Sources:

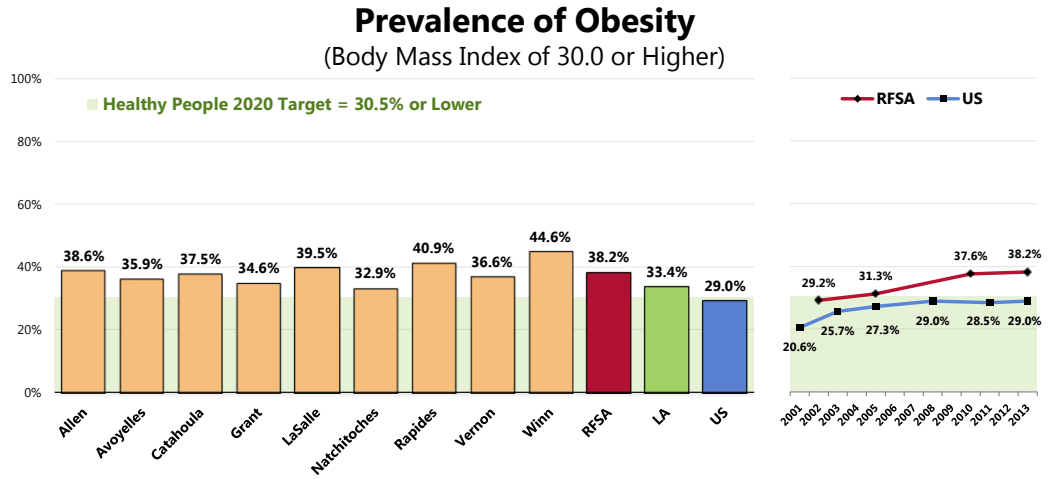
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 196]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2011 Louisiana Data.

Notes:

- Based on reported heights and weights, asked of all respondents.
- The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.
- Because the CDC implemented changes to the BRFSS weighting methodology in 2011, state findings might not be directly comparable to the regional or national findings outlined in this report.

Specifically, **38.2% of RFSA adults are obese** (BMI ≥ 30 , also included in overweight prevalence discussed previously).

- Less favorable than the Louisiana percentage.
- Less favorable than US findings.
- Fails to satisfy the Healthy People 2020 target.
- Lowest in Natchitoches Parish; highest in Rapides and Winn parishes.
- ☒ Marks a statistically significant increase in obesity over time.



Sources:

- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 196]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-9]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2011 Louisiana Data.

Notes:

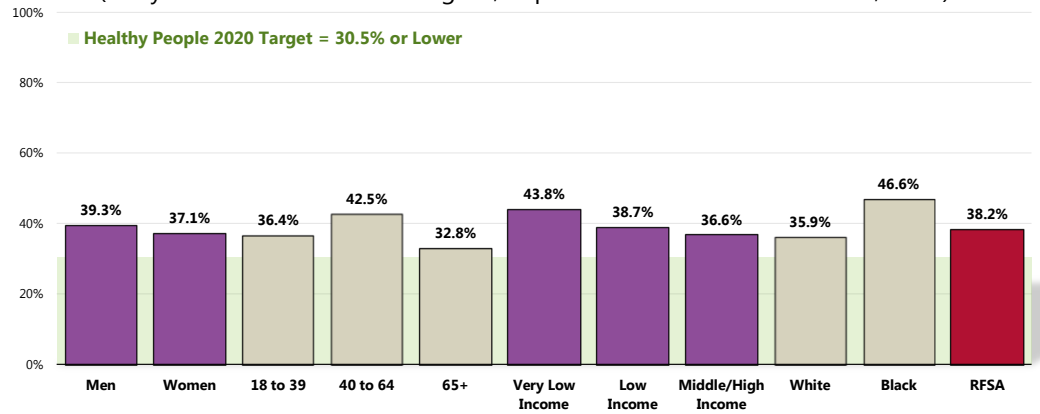
- Based on reported heights and weights, asked of all respondents.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.
- Because the CDC implemented changes to the BRFSS weighting methodology in 2011, state findings might not be directly comparable to the regional or national findings outlined in this report.

Obesity is notably more prevalent among:

- ☒ Adults age 40 to 64.
- ☒ Respondents with very low incomes.
- ☒ Black residents.

Prevalence of Obesity

(Body Mass Index of 30.0 or Higher; Rapides Foundation Service Area, 2013)



- Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 196]
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-9]
- Notes:
- Asked of all respondents.
 - Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.
 - Based on reported heights and weights, asked of all respondents.
 - The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

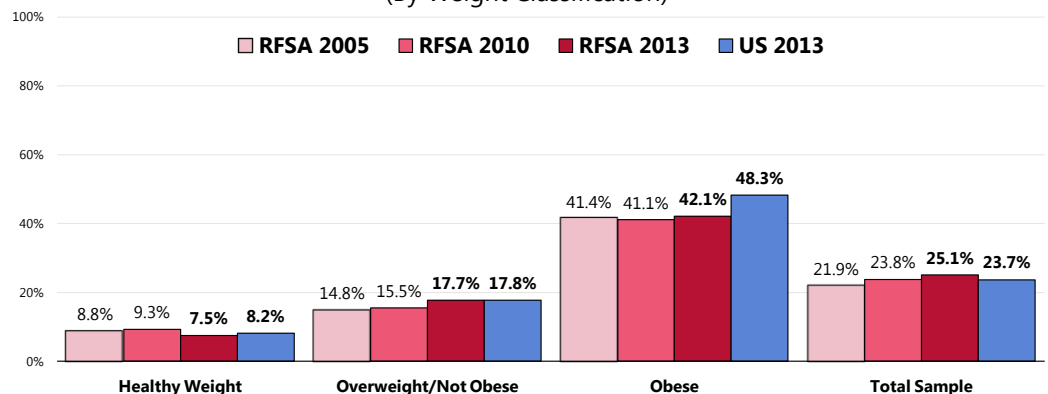
Weight Management

Health Advice About Weight Management

A total of 25.1% of adults have been given advice about their weight by a doctor, nurse or other health professional in the past year.

- Comparable to the national findings.
- Lowest in Allen Parish (not shown).
- 👥 Note that 42.1% of obese adults have been given advice about their weight by a health professional in the past year (while over one-half has not).
- 📊 Statistically similar to previous survey findings.

Have Received Advice About Weight in the Past Year From a Physician, Nurse, or Other Health Professional (By Weight Classification)



- Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 110, 199]
 - 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.


Weight Control

Many diseases are associated with overweight and obesity. Persons who are overweight or obese are at increased risk for high blood pressure, type 2 diabetes, coronary heart disease, stroke, gallbladder disease, osteoarthritis, sleep apnea, respiratory problems, and some types of cancer. The health outcomes related to these diseases, however, often can be improved through weight loss or, at a minimum, no further weight gain.

– Healthy People 2020, 2nd Edition. US Department of Health and Human Services. Washington, DC: US Government Printing Office, November 2000.

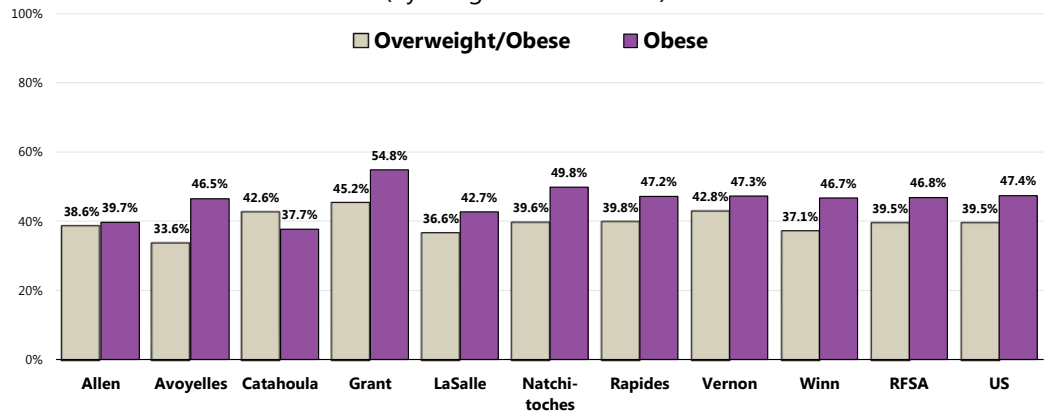
A total of 39.5% of RFSA adults who are overweight or obese say that they are both modifying their diet and increasing their physical activity to try to lose weight.

- Identical to the national percentage among overweight or obese adults.
- Lowest among Avoyelles adults who are either overweight or obese.

 Note: 46.8% of RFSA adults who are obese report that they are trying to lose weight through a combination of diet and exercise, statistically similar to the 47.4% across the nation.


Trying to Lose Weight by Both Modifying Diet and Increasing Physical Activity

(By Weight Classification)



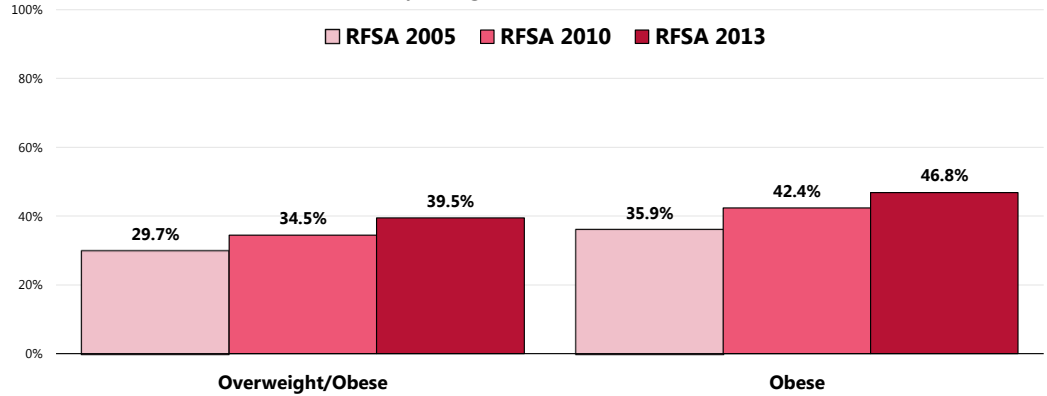
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 197]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Based on reported heights and weights, asked of all respondents.

 The proportion of overweight and obese adults in the RFSA who are using diet and exercise to try to lose weight has improved over time.

Trying to Lose Weight by Both Modifying Diet and Increasing Physical Activity

(By Weight Classification)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 197]
Notes: • Asked of all respondents.

Relationship of Overweight With Other Health Issues

Overweight and obese adults are more likely to report a number of adverse health conditions.

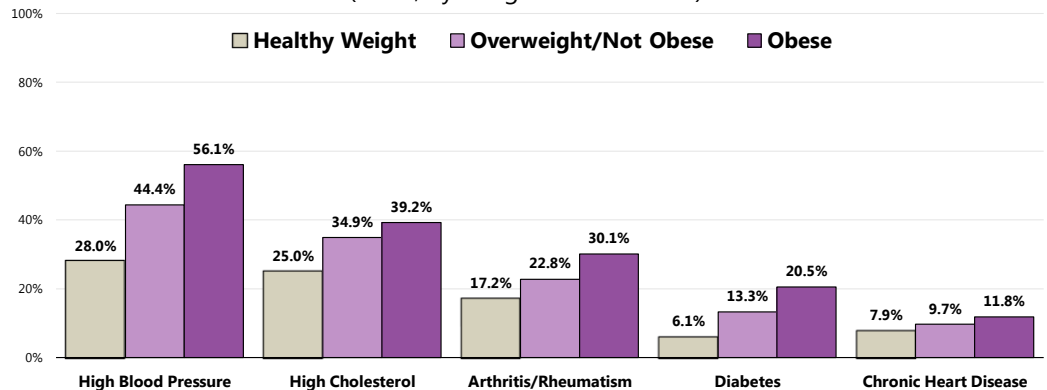
These include:

- Hypertension (high blood pressure).
- High cholesterol.
- Arthritis/rheumatism.
- Diabetes.
- Chronic heart disease.

The correlation between overweight and various health issues cannot be disputed.

Relationship of Overweight With Other Health Issues

(RFSAs; By Weight Classification)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 26, 34, 158-160]
Notes: • Based on reported heights and weights, asked of all respondents.

Childhood Overweight & Obesity

In children and teens, body mass index (BMI) is used to assess weight status – underweight, healthy weight, overweight, or obese. After BMI is calculated for children and teens, the BMI number is plotted on the CDC BMI-for-age growth charts (for either girls or boys) to obtain a percentile ranking. Percentiles are the most commonly used indicator to assess the size and growth patterns of individual children in the United States. The percentile indicates the relative position of the child's BMI number among children of the same sex and age.

BMI-for-age weight status categories and the corresponding percentiles are shown below:

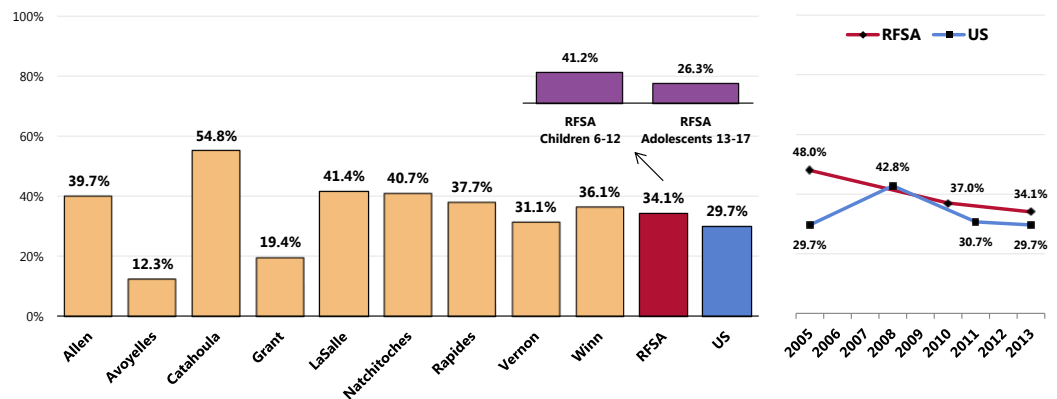
- Underweight <5th percentile
- Healthy Weight ≥5th and <85th percentile
- Overweight ≥85th and <95th percentile
- Obese ≥95th percentile

– Centers for Disease Control and Prevention.

Based on the heights/weights reported by surveyed parents, 34.1% of RFSA children age 6 to 17 are overweight or obese (≥85th percentile).

- Similar to the prevalence reported nationally.
- Favorably low in Avoyelles and Grant parishes; highest in Catahoula Parish.
- 👤 Notably higher in children age 6 through 12.
- 📉 In the RFSA, overall childhood overweight/obesity is significantly below that first reported in 2005.

Child Overweight/Obesity



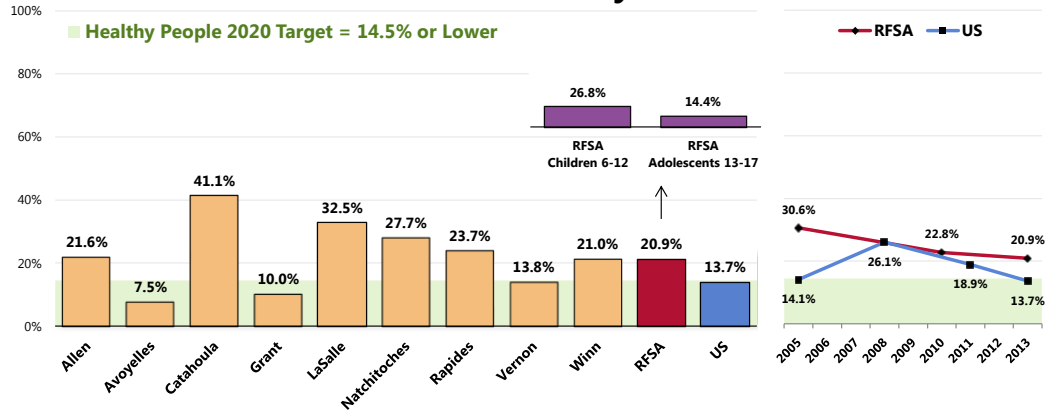
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 200]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: ● Asked of all respondents with children aged 6-17 at home.
● Overweight among children is estimated based on children's Body Mass Index status at or above the 85th percentile of US growth charts by gender and age.

Specifically, 20.9% of area children age 6 to 17 are obese (≥95th percentile).

- Higher than the national percentage.
- Fails to satisfy the Healthy People 2020 target.
- Favorably low in Avoyelles, Grant, and Vernon parishes; highest in Catahoula Parish.
- 👤 Statistically higher among children age 6 to 12 than among teens.
- 📉 Denotes a statistically significant decrease in children's obesity in the RFSA.

Child Obesity



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 200]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-10.4]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents with children aged 6-17 at home.
 • Obesity among children is estimated based on children's Body Mass Index status equal to or above the 95th percentile of US growth charts by gender and age.

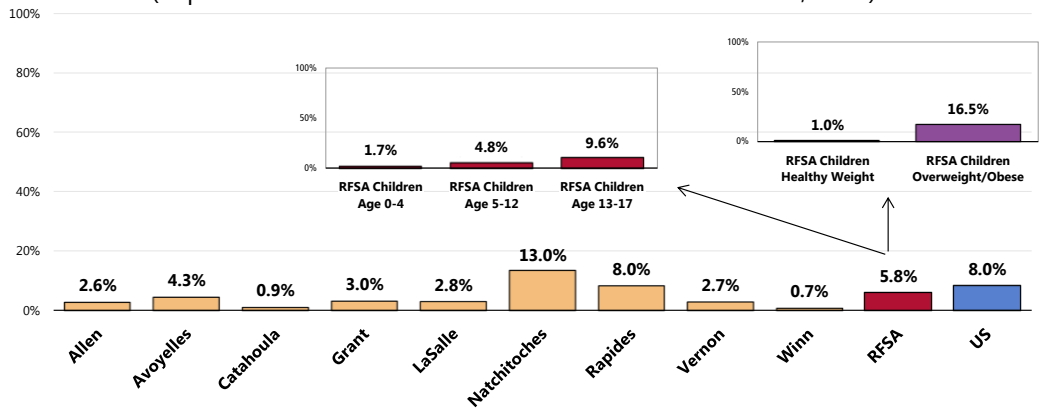
Notification of Child's Weight Status

A total of 5.8% of RFSA parents report that, within the past year, a health professional or someone at their child's school has told them that their child was overweight.

- Highest in Natchitoches and Rapides parishes; lowest in Catahoula and Winn parishes.
- Note the positive correlation with child's age.
- Among overweight/obese children, 16.5% of parents have been notified.

Have Been Told by a Health Professional or Someone at Child's School in the Past Year That Child Is Overweight

(Rapides Foundation Service Area Parents of Children <18, 2013)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 145]
 • 2013 PRC National Health Survey, Professional Research Consultants.
 Notes: • Asked of all respondents with children under 18 at home.

Related Focus Group Findings: Nutrition and Obesity

Many focus group participants discussed nutrition and obesity. The main findings include:

- Poor nutrition
- Cultural traditions
- Food deserts
- Fast food establishments and microwavable meals
- Nutrition education
- Hunger and malnutrition concerns

Participants believe that residents have **poor nutritional habits** which contribute to the high prevalence of obesity in the community. Overweight and obese residents are more likely to suffer from chronic diseases and have additional health issues. Participants also worry about the youth in the population because the current trajectory is toward becoming overweight/obese adults. Attendees feel that Southern **cultural traditions** influence the level of obesity in the community due to the poor diet and prevalence of fried foods. Many celebrations and events center around food and moderation no longer exists. A participant explains:

"We are a fattening-food culture here and my husband and I talk about a lot that we eat when we're happy; we eat when we're sad. We celebrate by eating. When people die, we eat."
— Rapides Parish Healthcare Professional

"The old southern traditions. Southerners love fried food and they love butter. And, gravy. So, it's hard to break that paradigm, isn't it?" — LaSalle Parish Key Informant

Residents lack access to fresh fruits and vegetables which contributes to the high obesity levels. Some residents live in neighborhoods classified as **food deserts**, wherein community members do not have easy access to grocery stores. Even in the available grocery stores, the produce is not of good quality.

"Oftentimes when you get fresh, what should be fresh fruit and vegetables; it is not fresh fruit and vegetables. I don't know about you all's experiences, but my experience with these grocery stores is not a good one. You literally have to dig in order to find something that is consumable." — Catahoula Parish Key Informant

In Catahoula Parish, key informants believe that the extreme poverty means some families live in homes without water or working appliances, which makes it difficult to store and prepare food:

"No water. Maybe not even any sewer. No working refrigerator. Took fresh food to one place and it's like I've never seen anything like it. I mean when I was a kid and we went to the slums in Mexico to help assist people, I mean I really feel like in certain areas of this community the poverty is so bad that there is like 10, 15 people living in a trailer and the trailer is uninhabitable and yet it's being habited. And they have children. And it's tough. It really is tough." — Catahoula Parish Key Informant

Residents throughout the region may not have personal transportation so the only option for purchasing food is a corner store. For other citizens, **fast food establishments or microwavable meals** represent the convenient, easy option.

"There's a Chinese place, the Mexican place, but the rest of them fast foods. But even here, we're still talking about everything on the menu is fried just about, I guess. I know you can get grilled fish and some grilled pork chops, grilled chicken. There's certain things you can get, but still most places – we live in a community – we live in a world of instant gratification, quick food, make a kid happy." — Winn Parish Key Informant

In addition, healthy foods cost more than heavily processed options.

"If you don't have transportation, you walk to your corner store that accepts food stamps and sells Cheetos and honey buns. That's what they're able to walk to and get. Even if they can get to a grocery store, if they have \$40.00 worth of food stamps, well, you can buy a whole lot of junk food with \$40.00 and you can buy very few fresh fruit and vegetables for \$40.00." — Community Health Needs Assessment Advisory Committee Member

Focus group attendees believe that **nutrition education** needs to occur more frequently in the community because many households lack basic knowledge about what is a fresh fruit, or vegetable, appropriate portion sizes, preparing nutritious meals and/or making healthy food choices. This education could occur both to adults and children because if children no longer watch their parents cook dinner, how will they learn?

"I know how to pop something in the microwave. I know how to do a drive-thru. I mean my mother didn't teach me how to cook and I'm not necessarily teaching my daughter how to do that either because it's not something that was passed down." — Rapides Parish Healthcare Professional

Several organizations in the community already provide nutrition education, including the Louisiana Agriculture Center, school-based health centers, Avoyelles Hospital, and the LaSalle "Eat Local Foods" Farmer's Market initiatives. Natchitoches Parish is working to allow food stamp recipients access to fresh fruits and vegetables at Farmer's Markets.

"I just got back from New Orleans. That was the city's Green Market and we're going to try to expand that. They're going in to where they actually can use their food stamps to purchase green vegetables, an enhancement to get people to do that. The problem we've got is finding the people to grow the vegetables. We're fixing to sit down with the Sheriff's Department to try to see if hopefully they will because we don't have enough people to grow the fresh vegetables. If you get the people down there, you've got to have a product for them to sell." — Natchitoches Parish Key Informant

In Allen Parish, a school provides an opportunity for students to plant a garden and the students get to eat the freshly grown vegetables. Avoyelles Hospital provides a dietician free of charge to their patients. A participant describes how nutrition education must inform people that healthy food can taste good too:

"There are some foods out there that a 30-year-old mother and sometimes even a grandmother have never tried to make ... unless there's some kind of prep class or there's an older person in the family that can teach them how to prepare certain vegetables. We have a neighborhood center that brought some kids in. Didn't know what an acorn squash was. The guy made an

acorn squash soup and they scarfed it up like it was a Big Mac, but they had never had it before.”
— Vernon Parish Key Informant

On the other side of the obesity epidemic are **hunger and malnutrition concerns**. Participants note the importance of good nutrition for children in order to maintain positive development and growth. Several local elementary schools offer low income students free or reduced-cost breakfast and lunches, but some of these children may eat only one meal a day during the school week. Children can also qualify to receive a food backpack, which provides families with food for the weekend.

“Some of the elementary schools on the weekends will send like a backpack of food home with them. It’s cheese crackers. It’s a thing of peanut butter. It’s quick and easy. Cheap. We have kids that we know are going to be hungry because they just get meals at school and maybe little snacks at home and things like that. We see a lot of that. If you’re hungry, you can’t learn.”
— Grant Parish Key Informant

In Catahoula Parish the Bread Crumb food bank operates and local faith-based organizations have food drives to help alleviate some of the need.

Youth Focus Group Findings:

The youth key informants express concern about the health of their generation. Participants believe that their peers possess **poor eating habits**. The youth attendees describe a limited number of healthy options in the community and most school “health food” as unappetizing. In addition, the majority of attendees describe non-nutritious options at home. Youth feel that many of their peers do not eat school lunch and then binge on unhealthy fast food after school gets over.

The participants want to see more restaurants in the community and believe that if the “bad options” were removed the situation may improve.

“Add more good places, like she said, but also take away some bad places. Because if people have the option to go to McDonalds or Subway and get a veggie sandwich, I mean they’re going to choose McDonalds. So if you could take away some of the bad stuff, it’d be like they had to choose the good stuff.” — Youth Focus Group Participant

The youth also stress that young people who are trying to lose weight do it because of low self-esteem or a poor self-image.

Physical Activity & Fitness

The 1990s brought a historic new perspective to exercise, fitness, and physical activity by shifting the focus from intensive vigorous exercise to a broader range of health-enhancing physical activities. Research has demonstrated that virtually all individuals will benefit from regular physical activity. A Surgeon General’s report on physical activity and health concluded that moderate physical activity can reduce substantially the risk of developing or dying from heart disease, diabetes, colon cancer, and high blood pressure. Physical activity also may protect against lower back pain and some forms of cancer (for example, breast cancer), but the evidence is not yet conclusive.

On average, physically active people outlive those who are inactive. Regular physical activity also helps to maintain the functional independence of older adults and enhances the quality of life for people of all ages.

The role of physical activity in preventing coronary heart disease (CHD) is of particular importance, given that CHD is the leading cause of death and disability in the United States. Physically inactive people are almost twice as likely to develop CHD as persons who engage in regular physical activity. The risk posed by physical inactivity is almost as high as several well-known CHD risk factors, such as cigarette smoking, high blood pressure, and high blood cholesterol. Physical inactivity, though, is more prevalent than any one of these other risk factors. People with other risk factors for CHD, such as obesity and high blood pressure, may particularly benefit from physical activity.

– Healthy People 2020, 2nd Edition. US Department of Health and Human Services. Washington, DC: US Government Printing Office, November 2000.

Adults’ Physical Activity

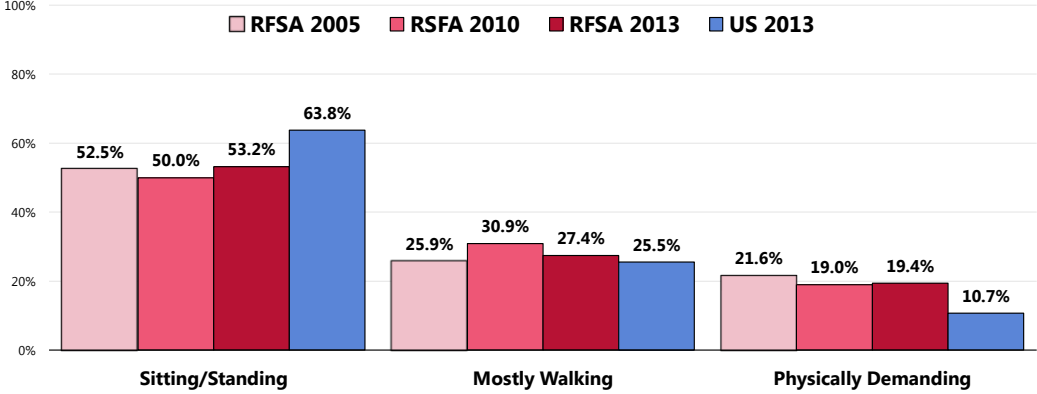
Level of Activity at Work

A majority of employed respondents reports low levels of physical activity at work.

- Over one-half (53.2%) of employed respondents reports that their job entails mostly sitting or standing, lower than the US figure.
 - 27.4% report that their job entails mostly walking (similar to the figure reported nationally).
 - 19.4% report that their work is physically demanding (higher than the US figure).
- ☒ Statistically unchanged from baseline 2005 findings.

Primary Level of Physical Activity At Work

(Among Employed Respondents)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 99]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of those respondents who are employed for wages.

Leisure-Time Physical Activity

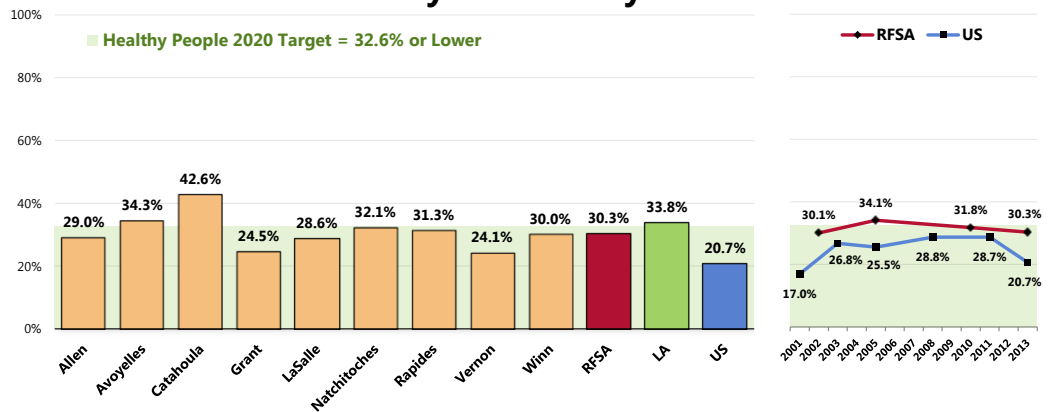
Effects of Physical Inactivity & Unhealthy Diets

- Poor diet and physical inactivity lead to 300,000 deaths each year—second only to tobacco use.
 - People who are overweight or obese increase their risk for heart disease, diabetes, high blood pressure, arthritis-related disabilities, and some cancers.
 - Not getting an adequate amount of exercise is associated with needing more medication, visiting a physician more often, and being hospitalized more often.
- National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Three in 10 RFSA adults (30.3%) report no leisure-time physical activity in the past month.

- Better than the percentage reported across Louisiana.
- Worse than national findings.
- Satisfies the Healthy People 2020 objective.
- Notably high in Catahoula Parish; lowest in Grant and Vernon parishes.
- ☒ Lack of leisure-time physical activity is statistically unchanged from 2002 survey findings.

No Leisure-Time Physical Activity in the Past Month



Sources:

- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 100]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 Louisiana data.
- 2013 PRC National Health Survey, Professional Research Consultants.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective PA-1]

Notes:

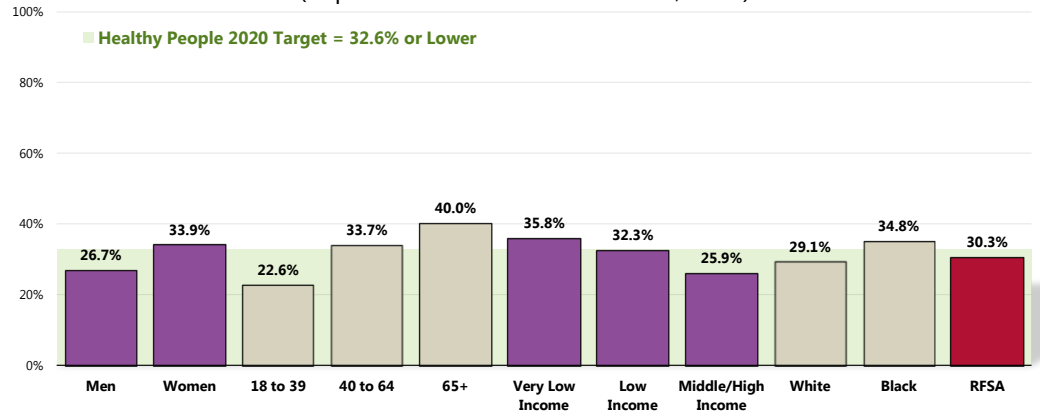
- Asked of all respondents.
- Because the CDC implemented changes to the BRFSS weighting methodology in 2011, state findings might not be directly comparable to the regional or national findings outlined in this report.

Lack of leisure-time physical activity in the area is higher among:

- ☒ Women.
- ☒ Adults age 40 and older.
- ☒ Low income and very low income residents.
- ☒ Blacks.

No Leisure-Time Physical Activity in the Past Month

(Rapides Foundation Service Area, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 100]

• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective PA-1]

Notes: • Asked of all respondents.

• Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

Activity Levels

All adults should strive to meet either of the following physical activity recommendations:

- **Moderate-intensity physical activities** (inducing only light sweating or a slight to moderate increase in breathing or heart rate) for at least 30 minutes on 5 or more days of the week.

– Centers for Disease Control and Prevention/American College of Sports Medicine

OR

- **Vigorous-intensity physical activity** (inducing heavy sweating or a large increase in breathing or heart rate) 3 or more days per week for 20 or more minutes per occasion.

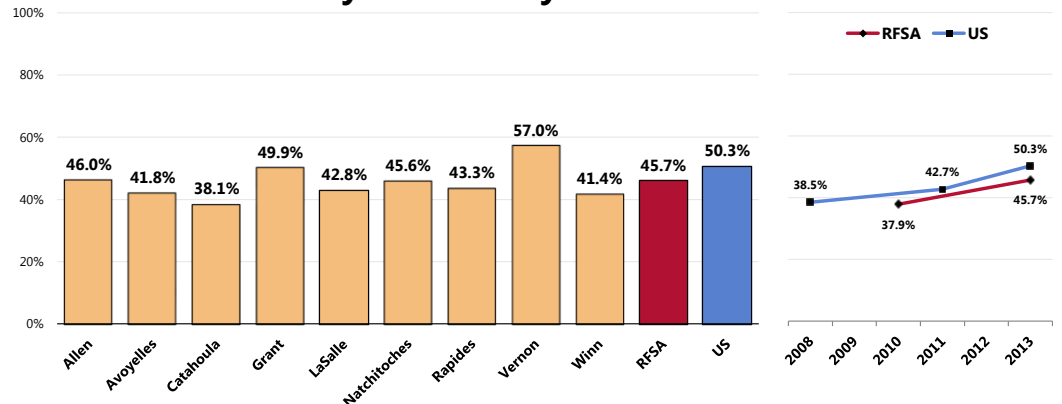
– Healthy People 2020

Recommended Levels of Physical Activity

A total of 45.7% of RFSA adults participate in regular, sustained moderate or vigorous physical activity (meeting physical activity recommendations).

- Less favorable than national findings.
- Notably better in Vernon Parish; worst in Catahoula Parish.
- ☒ Denotes a significant increase over time.

Meets Physical Activity Recommendations






Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 188]

• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

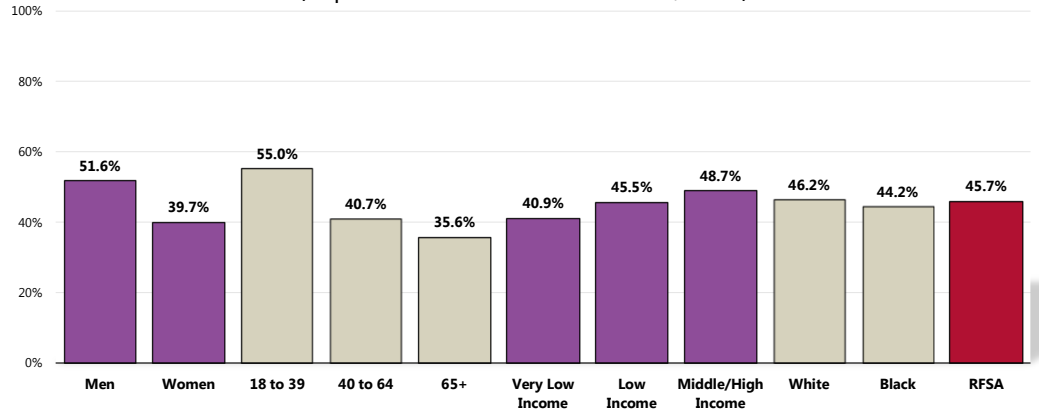
Notes: • Asked of all respondents.

• In this case the term "meets physical activity recommendations" refers to participation in moderate physical activity (exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate) at least 5 times a week for 30 minutes at a time, and/or vigorous physical activity (activities that cause heavy sweating or large increases in breathing or heart rate) at least 3 times a week for 20 minutes at a time.

Adults less likely to meet physical activity requirements include:

-  Women.
-  Adults age 40+.
-  Residents with very low incomes.

Meets Physical Activity Recommendations (Rapides Foundation Service Area, 2013)



Sources:

- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 188]


 Notes:

- Asked of all respondents.
- FPL = Federal Poverty Level based on household income and number of household members [US Department of Health & Human Services poverty guidelines].
- In this case the term "meets physical activity recommendations" refers to participation in moderate physical activity (exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate) at least 5 times a week for 30 minutes at a time, and/or vigorous physical activity (activities that cause heavy sweating or large increases in breathing or heart rate) at least 3 times a week for 20 minutes at a time.

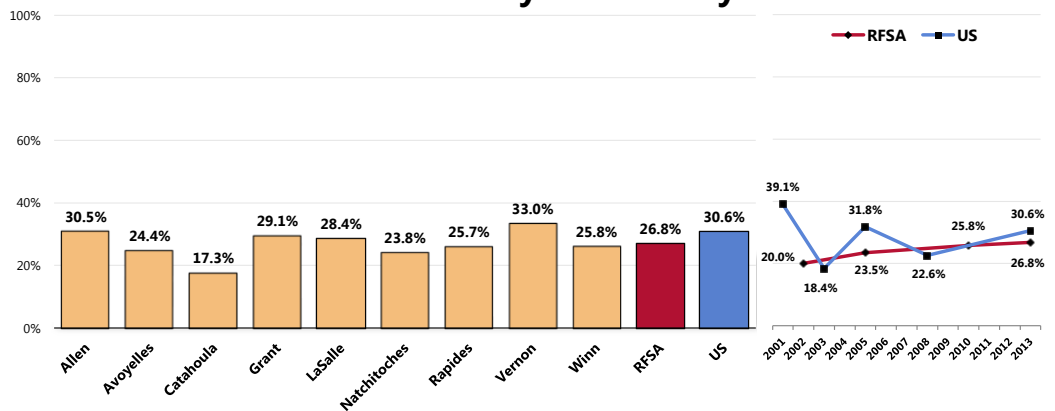
The individual indicators of moderate physical activity, vigorous physical activity, and strengthening activities are shown in the following charts.

Moderate & Vigorous Physical Activity

In the past month, 26.8% of adults participated in moderate physical activity (5 times a week, 30 minutes at a time).

- Lower than the national figure.
- Favorably high in Vernon Parish; lowest in Catahoula Parish.
-  Participation in regular, moderate-intensity physical activity has improved significantly in the service area since 2002.

Moderate Physical Activity




Sources:

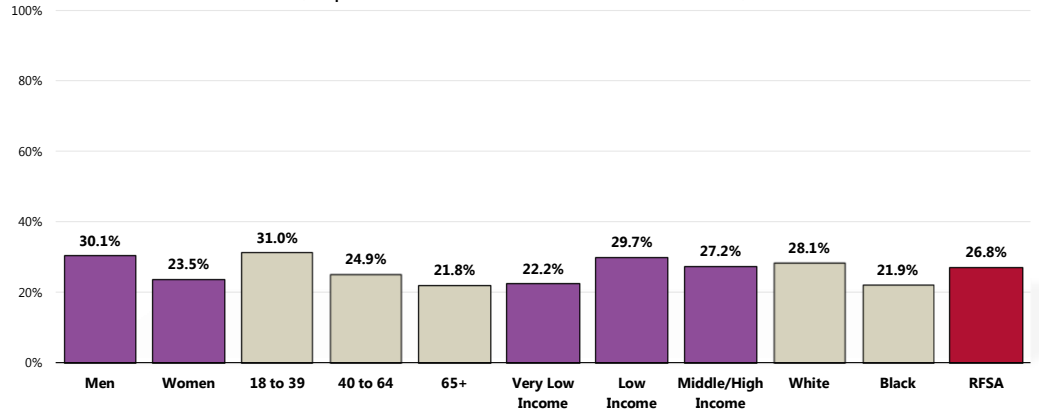
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 190]
- 2013 PRC National Health Survey, Professional Research Consultants.

 Notes:

- Asked of all respondents.
- Takes part in exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate at least 5 times a week for at least 30 minutes per time.

 Moderate physical activity decreases with age and is statistically lower among women, Blacks, and adults with very low incomes.

Moderate Physical Activity (Rapides Foundation Service Area, 2013)




Sources:

- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 190]

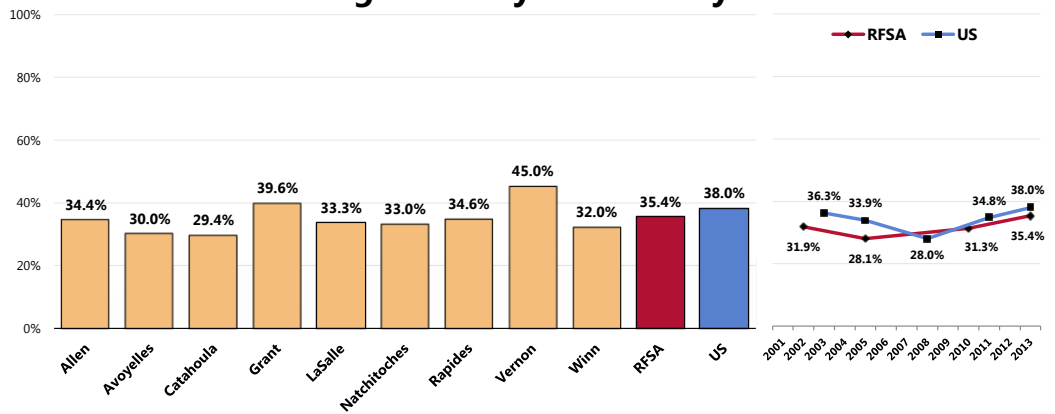
 Notes:

- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.
- Takes part in exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate at least 5 times a week for at least 30 minutes per time.

A total of 35.4% participated in vigorous physical activity (3 times a week, 20 minutes at a time).

- Comparable to the nationwide figure.
- Highest in Vernon Parish; lowest in Avoyelles and Catahoula parishes.
-  Despite a dip in 2005, this marks a significant increase over time.

Vigorous Physical Activity




Sources:

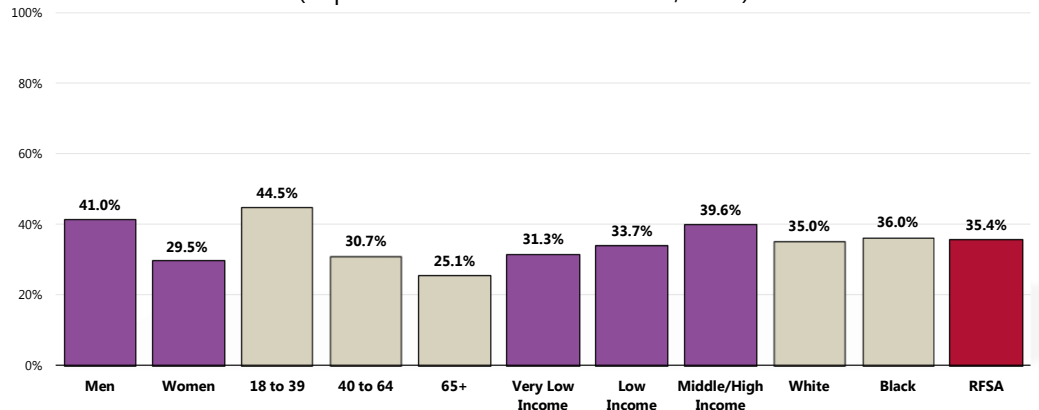
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 191]
- 2013 PRC National Health Survey, Professional Research Consultants.

 Notes:

- Asked of all respondents.
- Takes part in activities that cause heavy sweating or large increases in breathing or heart rate at least 3 times per week for 20 minutes each time.

 Vigorous physical activity is statistically lower among women, adults age 40+, and those living on lower incomes.

Vigorous Physical Activity (Rapides Foundation Service Area, 2013)



Sources:

- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 191]


 Notes:

- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.
- Takes part in activities that produce heavy sweating or large increases in breathing or heart rate at least 3 times per week for 20 minutes each time.

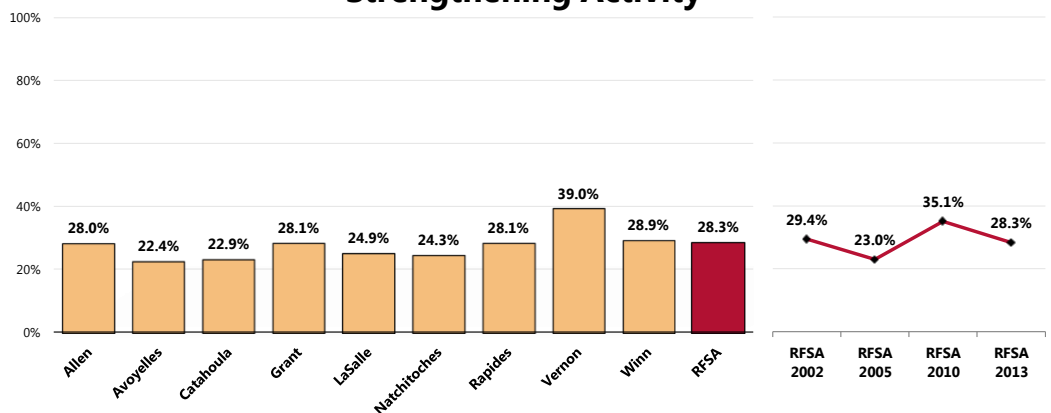
Strengthening Activities

In the past month:

A total of 28.3% of adults regularly participate in strengthening activities (at least twice weekly) – these are activities designed to strengthen muscles, such as lifting weights or doing calisthenics.

- Unfavorably low in Avoyelles, Catahoula, and Natchitoches parishes.
-  Statistically unchanged from 2002 survey findings, but fluctuating over time.

Strengthening Activity






Sources:

- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 103]

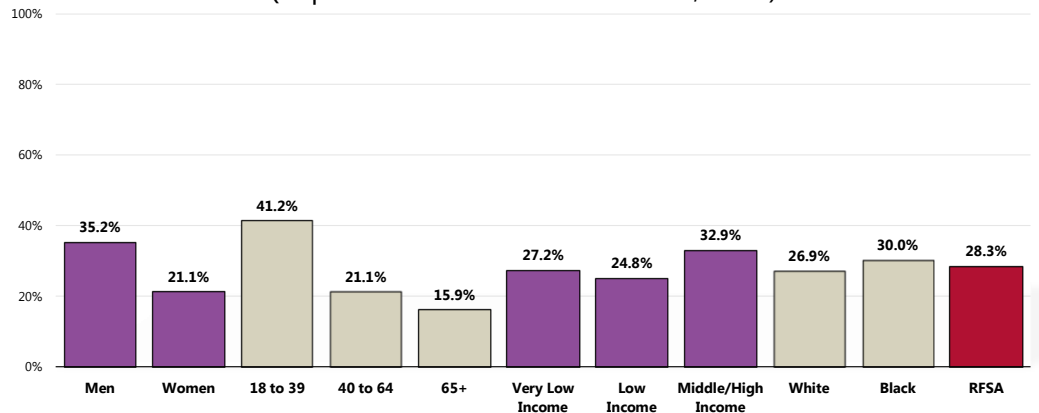
 Notes:

- Asked of all respondents.
- Takes part in activities that are specifically designed to strengthen muscles, such as lifting weights or performing calisthenics, at least twice weekly.

Adults less likely to report participating in strengthening exercises at least twice weekly include:

-  Women.
-  Adults 40 and older.
-  Those in households with lower incomes.

Strengthening Activity (Rapides Foundation Service Area, 2013)



Sources:

- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 103]

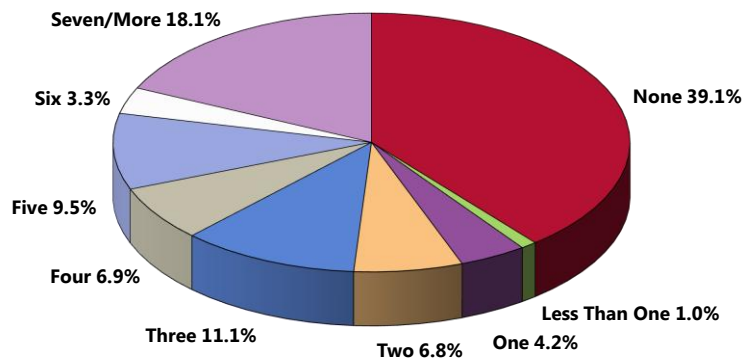
 Notes:

- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.
- Takes part in activities that are specifically designed to strengthen muscles, such as lifting weight or performing calisthenics, at least twice weekly.

Walking

A total of 30.9% of RFSA adults typically walk regularly (at least five times per week for more than 10 minutes at a time).

Average Number of Days Per Week on Which Respondent Walks for More Than 10 Minutes at a Time (Rapides Foundation Service Area, 2013)



Sources:

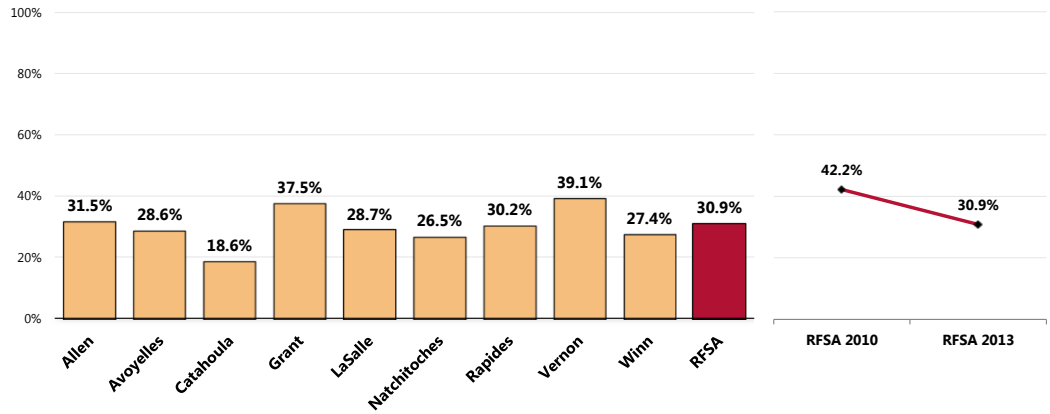
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 104]

 Notes:

- Asked of all respondents.

- Highest in Grant and Vernon parishes; lowest in Catahoula and Natchitoches parishes.
- ▣ Marks a significant decrease over time.

Walk for More Than 10 Minutes at a Time at Least Five Times Per Week



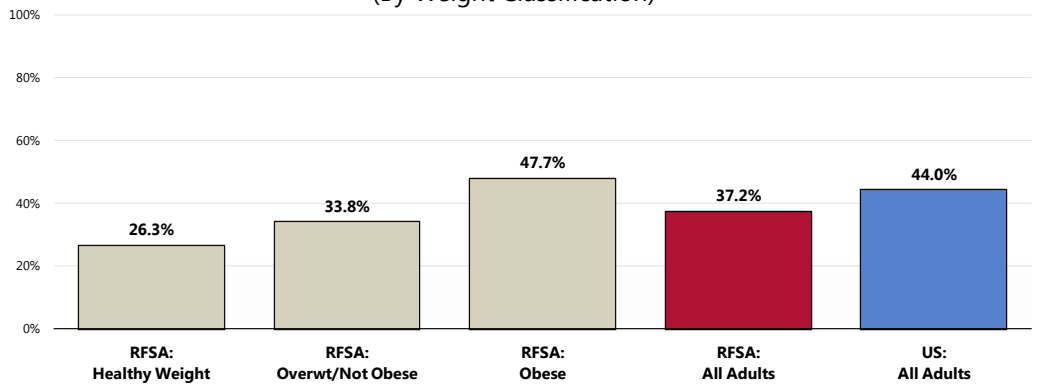
Sources: ● 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 104]
 Notes: ● Asked of all respondents.

Health Advice About Physical Activity & Exercise

A total of 37.2% of RFSAs adults report that their physician has asked about or given advice to them about physical activity in the past year.

- Less favorable than the national average.
- Highest in Rapides Parish; lowest in Avoyelles Parish (not shown).
- 👥 Note: only 47.7% of obese RFSAs respondents say that they have talked with their doctor about physical activity/exercise in the past year, lower than found nationally (60.6%).

Have Received Advice About Exercise in the Past Year From a Physician, Nurse, or Other Health Professional (By Weight Classification)



Sources: ● 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]
 ● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: ● Asked of all respondents.

Children's Physical Activity

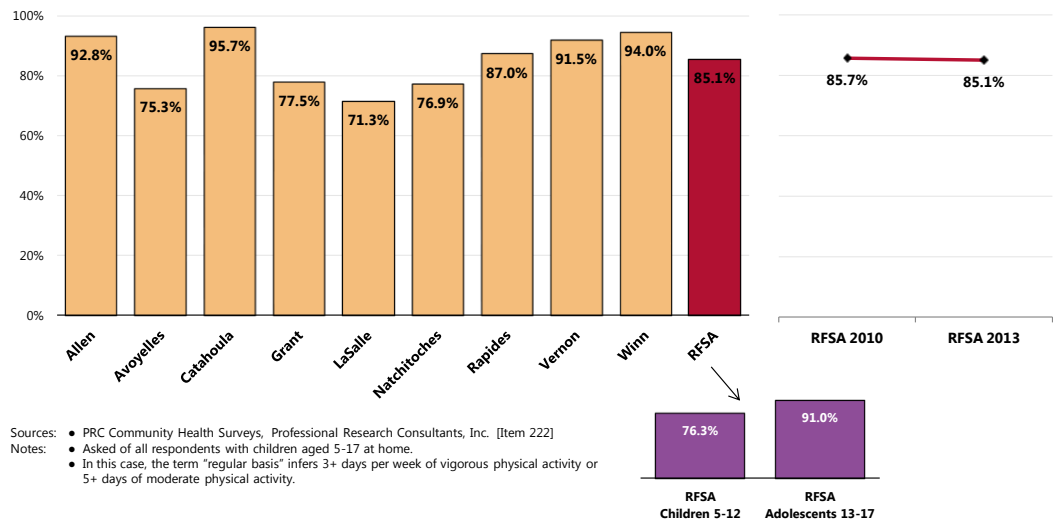
Participation in Physical Activity

Overall, 85.1% of RFSA parents of children 5-17 report that their child is physically active on a regular basis (defined as 3+ days per week of vigorous physical activity or 5+ days per week of moderate activity).

- Highest in Allen, Catahoula, Vernon, and Winn parishes; lowest in Avoyelles and LaSalle parishes.
- ☒ Statistically unchanged from 2010 survey data.
- 👤 Higher among area teens.

Child Is Physically Active on a Regular Basis

(Among RFSA Parents of Children Aged 5-17, 2013)



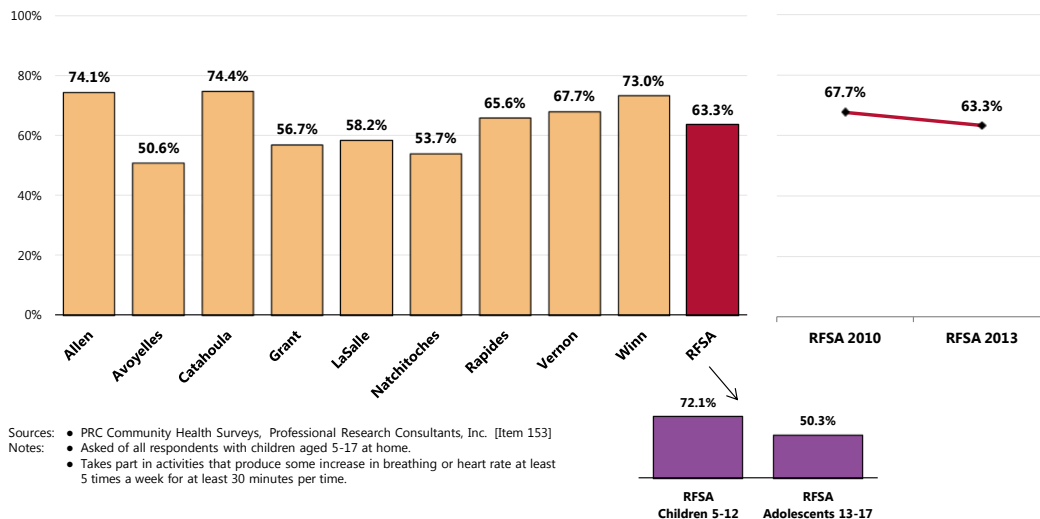
Children's Moderate Physical Activity

Nearly two-thirds (63.3%) of children engage in regular moderate physical activity (5+ times per week for 30+ minutes at a time).

- Statistically high in Allen Parish; lowest in Avoyelles Parish. (While the Catahoula Parish percentage also appears high, it is not statistically high given its lower sample size/higher error rate.)
- ☒ Marks a significant decrease over time.
- 👤 Notably lower among adolescents.

Child Engages in Regular Moderate Physical Activity

(Among RFSA Parents of Children Aged 5-17, 2013)



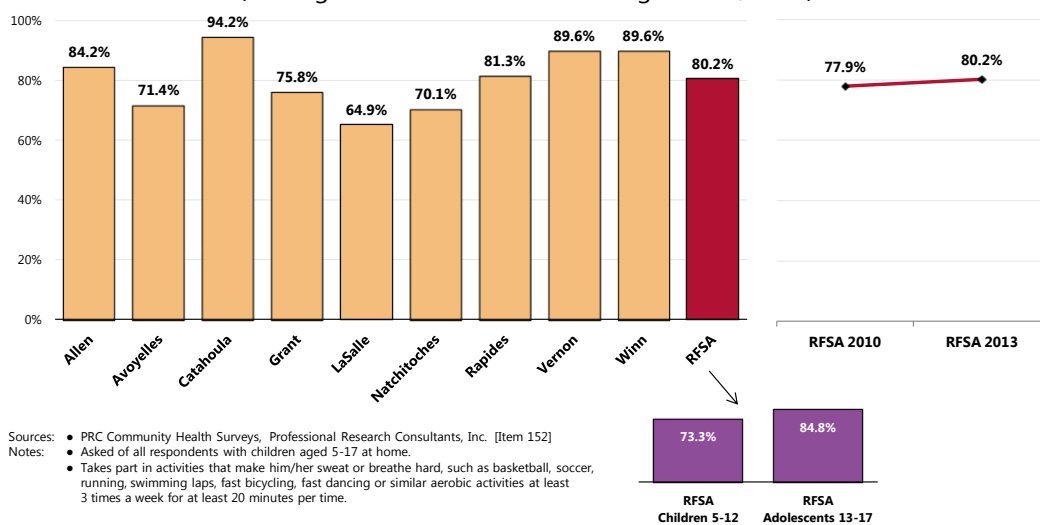
Children's Vigorous Physical Activity

A total of 8 in 10 (80.2%) children engage in regular vigorous physical activity (3+ times per week for 20+ minutes at a time).

- Highest in Catahoula, Vernon, and Winn parishes; lowest in LaSalle and Natchitoches parishes.
- 📊 Statistically unchanged over time.
- 👥 Higher among RFSA teens.

Child Engages in Regular Vigorous Physical Activity

(Among RFSA Parents of Children Aged 5-17, 2013)



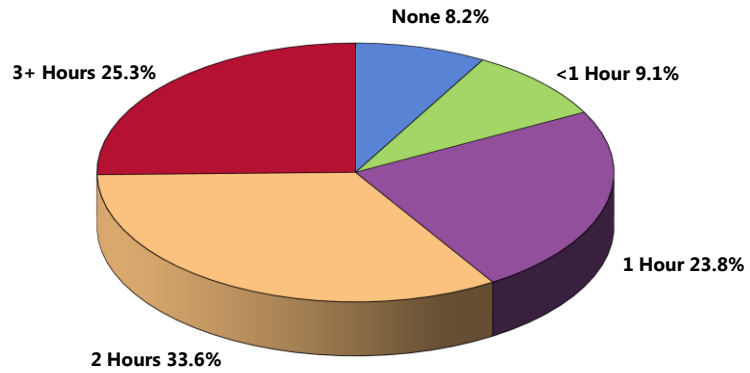
Children's Screen Time

Television Watching

In children age 5-17, 41.1% are reported to watch one hour or less of television per day; on the other hand, 25.3% are reported to watch 3+ hours of TV daily.

Children: Hours of Television Watching on a Typical School Day

(Rapides Foundation Service Area Parents of Children Ages 5-17, 2013)

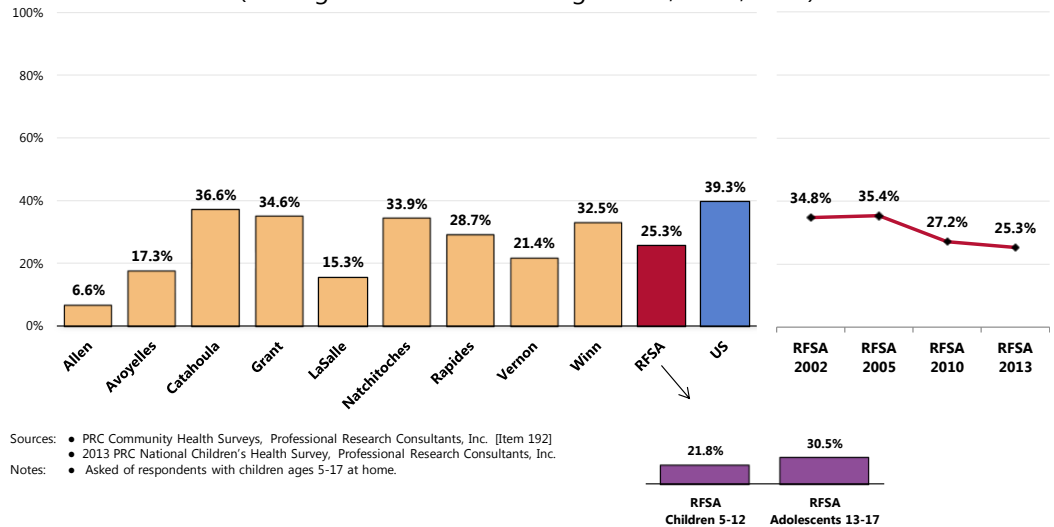


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 155]
 Notes: • Asked of respondents with children ages 5-17 at home.
 • "1 Hour" = 60-119 minutes of reported television watching; "2 Hours" = 120-179 minutes; "3 Hours" = 180-239 minutes; etc.

- Television screen time among area children is lower than the national prevalence.
- Favorably low in Allen and LaSalle parishes.
- The prevalence is higher among teens.
- Marks a statistically significant decrease over time.

Child Watches Three or More Hours of Television on a Typical School Day

(Among Parents of Children Ages 5-17; RFSA, 2013)

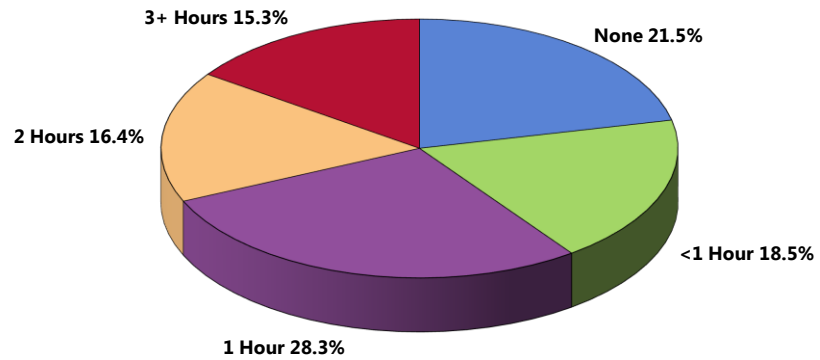


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 192]
 • 2013 PRC National Children's Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of respondents with children ages 5-17 at home.

Other (Non-TV) Screen Time

Fewer area children age 5-17 (15.3%) are reported to spend three or more hours on other types of screen time for entertainment (video games, Internet, etc.).

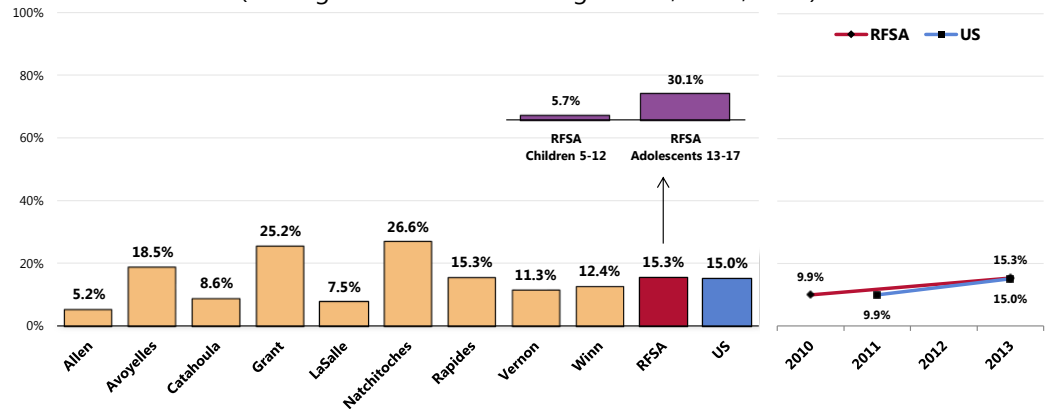
Children: Hours of Non-TV Screen Time on a Typical School Day
(Rapides Foundation Service Area Parents of Children Ages 5-17, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 156]
Notes: • Asked of respondents with children ages 5-17 at home.
• In this case, the term "screen time" includes video games and computer/Internet use for entertainment.
• "1 Hour" = 60-119 minutes of reported screen time; "2 Hours" = 120-179 minutes; "3 Hours" = 180-239 minutes; etc.

- Non-TV screen time among area children is similar to the national prevalence.
- Particularly high in Grant and Natchitoches parishes; lowest in Allen and LaSalle parishes.
- Notably higher in area teens.
- Marks a statistically significant increase over time.

Child Has Three or More Hours of Non-TV Screen Time on a Typical School Day
(Among Parents of Children Ages 5-17; RFSFA, 2013)



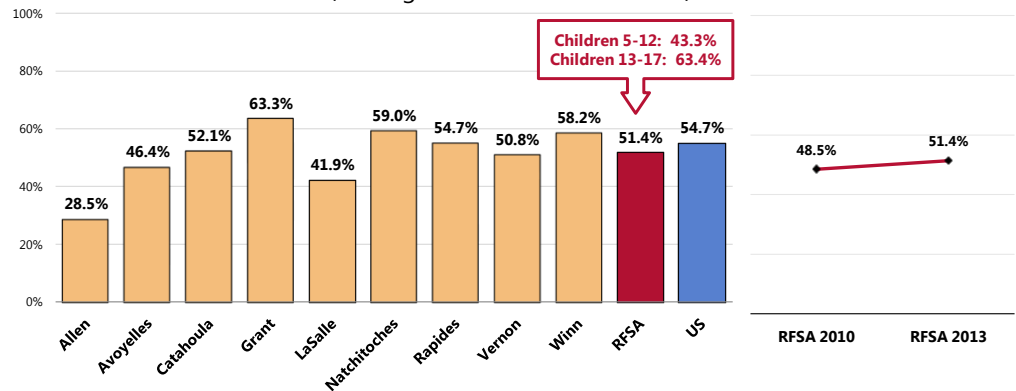
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 193]
• 2013 PRC National Children's Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of respondents with children ages 5-17 at home.
• Screen time includes video games and computer/Internet use.
• "3+ Hours" = 180 or more minutes of reported non-TV screen time per school day.

Total Screen Time

On a typical school day, 51.4% of school-age RFSA children spend 3+ hours watching television, playing video games, or using the computer/Internet for entertainment.

- Statistically similar to the US findings.
- Unfavorably high in Grant and Natchitoches parishes; lowest in Allen Parish.
- 👤 Statistically higher among RFSA teens.
- 📅 Statistically unchanged since 2010.

Children With Three or More Hours per School Day of Total Screen Time [TV, Computer, Video Games, Etc. for Entertainment] (Among Parents of Children 5-17)



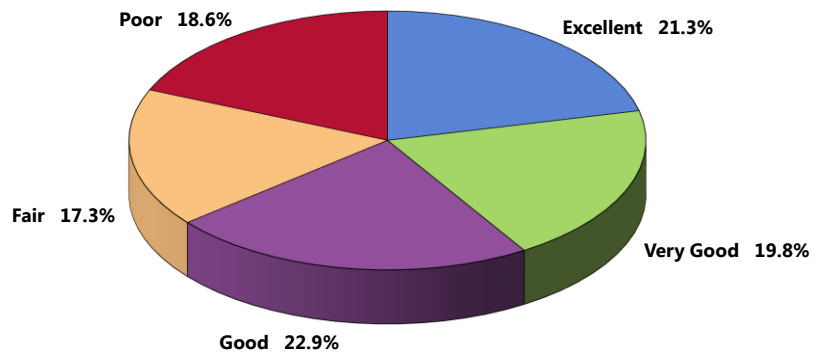
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 194]
● 2013 PRC National Children's Health Surveys, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents with children 5-17 at home.
● For this issue, respondents with children who are not in school were asked about "weekdays," while parents of children in school were asked about typical "school days."
● "Three or more hours" includes reported screen time of 180 minutes or more per day.

Availability of Opportunities for Physical Activity

A total of 41.1% of survey respondents give "excellent" or "very good" ratings of the availability of opportunities for physical activity in their community.

- Another 22.9% gave "good" ratings.

Rating of the Availability of Opportunities to Participate in Physical Activity in the Community (Rapides Foundation Service Area, 2013)

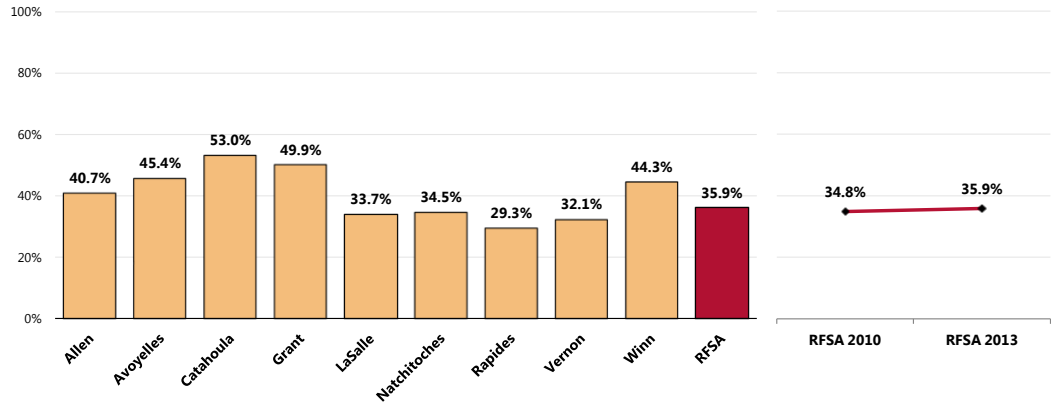


Sources: ● 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 106]
Notes: ● Asked of all respondents.

In contrast, over one-third (35.9%) of RFSA adults gave “fair/poor” ratings of the availability of opportunities for physical activity within the community.

- Notably higher (less favorable) in Allen, Avoyelles, Catahoula, Grant, and Winn parishes; lowest (most favorable) in Rapides Parish.
- ▣ Statistically unchanged since 2010.

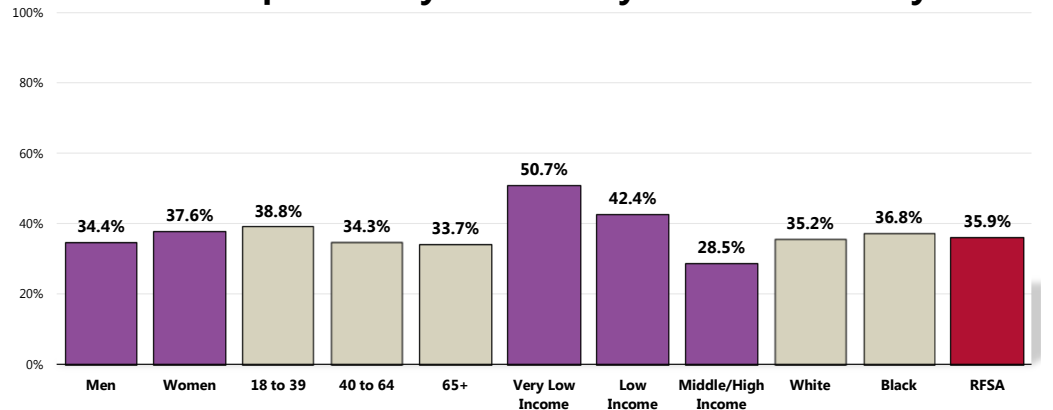
“Fair” or “Poor” Evaluations of the Availability of Opportunities to Participate in Physical Activity in the Community



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 106]
 Notes: • Asked of all respondents.

- 👤 One-half of residents with very low incomes rate physical activity opportunities in their communities as “fair” or “poor,” as do over 42% of those with low incomes.
- 👤 Note also the higher prevalence among adults under age 40.

“Fair” or “Poor” Evaluations of the Availability of Opportunities to Participate in Physical Activity in the Community



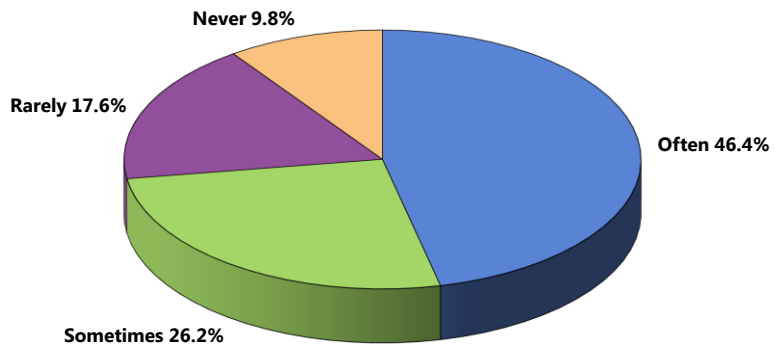
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 106]
 Notes: • Asked of all respondents.

Community Participation in Physical Activity

Many RFSA adults (27.4%) report that they “rarely” or “never” see others in their community being physically active, such as walking, jogging or biking.

- Another 26.2% reported “sometimes” seeing other community members being physically active, and 46.4% gave “often” responses.

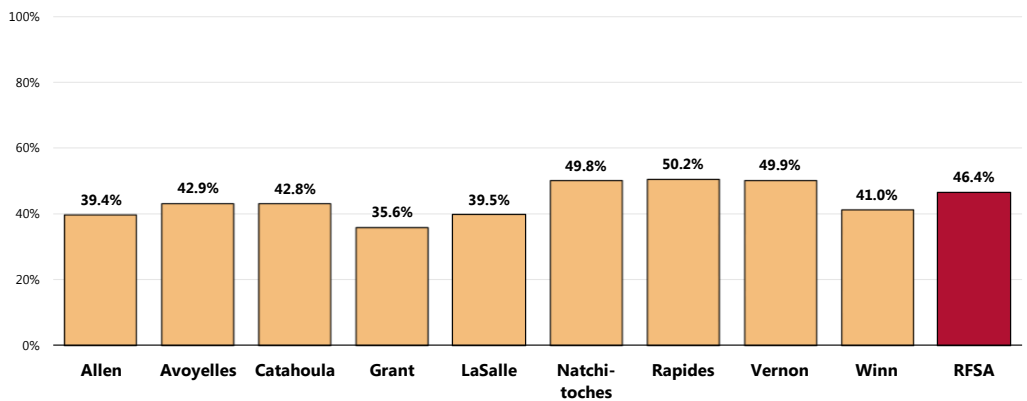
Frequency of Seeing Others in the Community Being Physically Active (Rapides Foundation Service Area, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 105]
Notes: • Asked of all respondents.

- Note that “often” responses are highest in Natchitoches, Rapides, and Vernon parishes, lowest in Grant Parish.

“Often” See Others in the Community Being Physically Active



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 105]
Notes: • Asked of all respondents.

Related Focus Group Findings: Physical Activity

Many focus group participants discussed the lack of physical activity in the community. The main discussion centered on:

- Low physical activity levels
- Built environment
- Bike trails and walking paths
- Technology (television or computer)
- Physical education classes
- Youth sports

Focus group attendees feel that **low physical activity levels** contribute to the obesity rates in the parishes. Participants agree that many community members live sedentary lifestyles and this includes children and adolescents; here, one key informant describes her experiences:

"We're doing a research project right now through our organization where we have children wear a sense aware band which is a band that picks up any light, moderate, vigorous activities. Most kids in a day only have one minute of vigorous activity that we have seen. One minute. They have sedentary movement. They really don't have moderate and vigorous. It's not that they're not moving a little bit but they sit so much time." — Allen Parish Key Informant

The **built environment** in many parishes discourages active lifestyles, as a key informant explains:

"The infrastructure just absolutely discourages active lifestyles. There are very few sidewalks. There aren't bike lanes. Our infrastructure expects people to have transportation and even if the place you needed to go is a mile away, if you tried to walk you'd have a hard time." — Rapides Parish Healthcare Professional (Group 2)

The utilization of **bike trails and walking paths** varies by parish. LaSalle, Natchitoches, Winn, Allen, and Vernon Parish key informants believe that the walking paths are well utilized. (Extreme heat conditions may cause some residents not to participate.) Vernon Parish key informants feel that adding additional playground equipment may bring more families to the walking trail areas and believe that there are many opportunities for the residents to be active. Additionally, Vernon Parish participants view the military personnel as positively influencing the families, and potentially the larger population, with their physical activity requirements.

"There's lots of activities for their family members, the non-military and military alike, and those kids grow up seeing daddy or mommy get up and put on his PT uniform or her PT uniform and go out and exercise and it's an education process by osmosis, whereas in our civilian population, the generational thing is you see the 45-year-old mother on a scooter going through Wal-Mart and she's morbidly obese and there's her daughter who's morbidly obese, 20, and there's the five-year-old child who's already morbidly obese." — Vernon Parish Key Informant

Some parishes also have wellness center in the hospitals, which are open to the public for a reasonable fee, or city-sponsored recreation programs, but attendees think that providing education about the importance of physical activity would benefit community members.

The amount of time that residents spend in front of the **television or computer** distresses focus group members. A child's day no longer includes regular physical activity because of the new technology; children and adolescents watch more television and play more video games than ever before.

"When I was growing up, you basically weren't allowed in the house in the daytime. We either fished or did something outside, played baseball. Now, because of Gameboy, then Xbox, or whatever else you call it, these kids were not getting exercise." — Avoyelles Parish Key Informant

Youth also no longer have to **participate in physical education** in school due to the increased emphasis on testing. Key informants think that the limited physical education negatively impacts the youth's knowledge about wellness and ways to lead a healthy life.

"Years ago, our children were required to take four years of health and physical education. Then that evolved where there's only two years of health and physical education, and unfortunately now they can get a waiver on that if they're involved in extracurricular activities like band or cheerleading and again, this is where we lose an opportunity to educate kids about healthy life because we just omit that." — Natchitoches Parish Key Informant

Adolescents also participate less in sports and attendees think that this occurs because of the technology, farming lifestyle, the cost of athletics, parental complacency and the actual geographic location of the child's home. No longer do families live close to school, so the time to get to the school may limit the possibility to participate. A participant explains the situation in rural Louisiana:

"We used to have a school in each individual community, and you had the opportunity to participate in sports if you wanted to because you might've been living two, three miles max from the closest school that you attended. Now, you have children that live across the river that, if they want to participate in sports, it's what, 15 miles, 16 miles, and 20 miles." — Avoyelles Parish Key Informant

Allen and LaSalle parishes run successful summer sport programs; however, La Salle Parish attendees feel that the participation in summer baseball is slowly lowering, as a key informant describes:

"We had a fantastic summer baseball program ever since I can remember. It's just been marvelous. A great deal of participation for kids, the family, the grandparents – everybody and his brother. And, that's coming close to dying off now, and part of the problem, at least from my view point, is the fact that we have all these new programs something called travel ball. Where you form a team, say, from Jena La Salle area that plays all over the countryside. And, you're taking kids maybe from Alexandria, or Baton Rouge, or something like that. But, you take a significant number of kids out of our summer programs, it's detrimental to those kids who can't afford to play travel ball, and it takes that opportunity away from them. It's one of those things that kind of, as much as I love baseball, it gets under my skin." — LaSalle Parish Key Informant

Youth Focus Group Findings:

Participants also believe that **physical activity** levels could improve. Many youth enjoy physical education (PE) class because it allows them to let off energy and get a break from the classroom. The youth feel that PE should be mandatory, but offer a variety of activities and introduce the students to different sports. Youth also would like the parishes to have local recreation centers for adolescents who are not part of the sport teams.

Substance Abuse

Substance abuse and its related problems are among society's most pervasive health and social concerns. Each year, about 100,000 deaths in the United States are related to alcohol consumption. Illicit drug abuse and related acquired immunodeficiency syndrome (AIDS) deaths account for at least another 12,000 deaths. In 1995, the economic cost of alcohol and drug abuse was \$276 billion. This represents more than \$1,000 for every man, woman, and child in the United States to cover the costs of healthcare, motor vehicle crashes, crime, lost productivity, and other adverse outcomes of alcohol and drug abuse.

A substantial proportion of the population drinks alcohol. Alcohol use and alcohol-related problems also are common among adolescents. Excessive drinking has consequences for virtually every part of the body. The wide range of alcohol-induced disorders is due (among other factors) to differences in the amount, duration, and patterns of alcohol consumption, as well as differences in genetic vulnerability to particular alcohol-related consequences. Alcohol use has been linked with a substantial proportion of injuries and deaths from motor vehicle crashes, falls, fires, and drownings. It also is a factor in homicide, suicide, marital violence, and child abuse and has been associated with high-risk sexual behavior.

– Healthy People 2020, 2nd Edition. US Department of Health and Human Services. Washington, DC: US Government Printing Office, November 2000.

Alcohol Use

High-Risk Alcohol Use

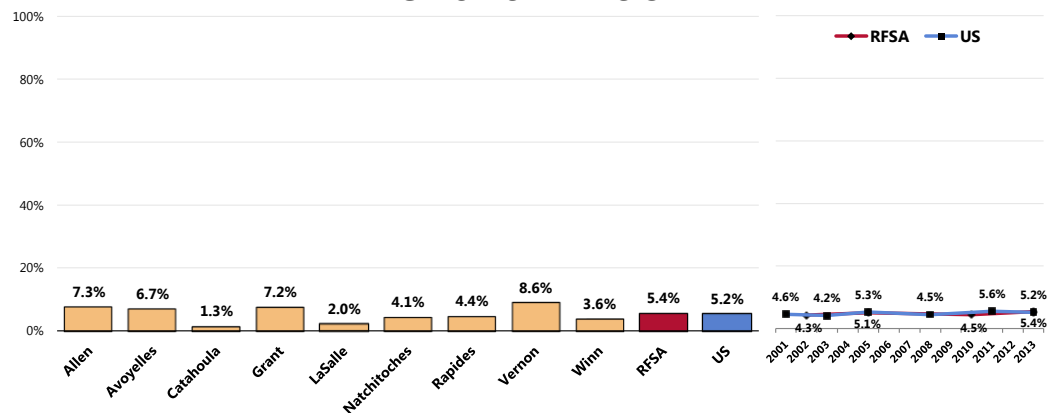
Chronic Drinking

A total of 5.4% of area adults averaged two or more drinks of alcohol per day in the past month (chronic drinkers).

- Similar to the national figure.
- Lowest in Catahoula and LaSalle parishes; highest in Vernon Parish.
- ☒ The chronic drinking prevalence has increased significantly since 2002.

Chronic drinkers include survey respondents reporting 60 or more drinks of alcohol in the month preceding the interview. For the purposes of this study, a "drink" is considered one can or bottle of beer, one glass of wine, one can or bottle of wine cooler, one cocktail, or one shot of liquor.

Chronic Drinkers

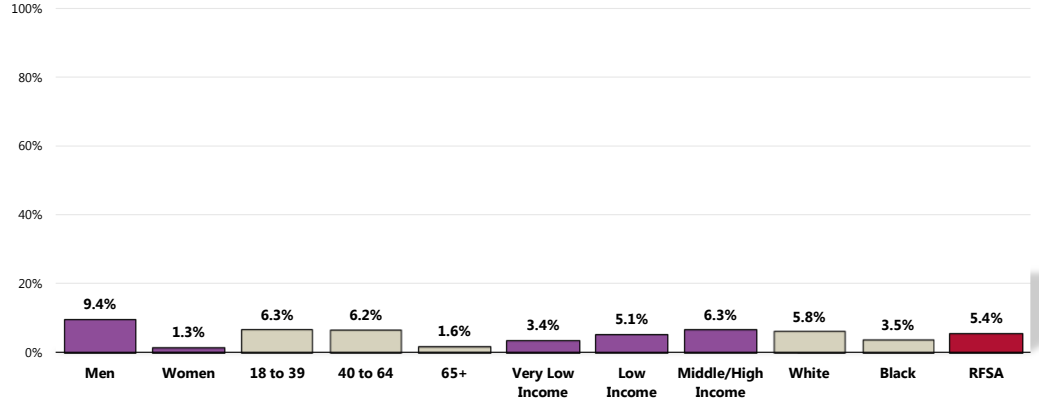


Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 206]
 ● 2013 PRC National Health Survey, Professional Research Consultants.
 Notes: ● Asked of all respondents.
 ● Chronic drinkers are defined as having 60+ alcoholic drinks in the past month.

- ☺☺☺ Chronic drinking is more prevalent among men.
- ☺☺☺ Adults under 65 are more likely to be chronic drinkers.
- ☺☺☺ Note the positive correlation between income and chronic drinking.
- ☺☺☺ Whites are more likely than Blacks to report chronic drinking in the RFSA.

Chronic Drinkers

(Rapides Foundation Service Area, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 206]
 Notes: • Asked of all respondents.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.
 • Chronic drinkers are defined as those having 60+ alcoholic drinks in the past month.

Binge Drinking

A total of 13.9% of RFSA adults are binge drinkers.

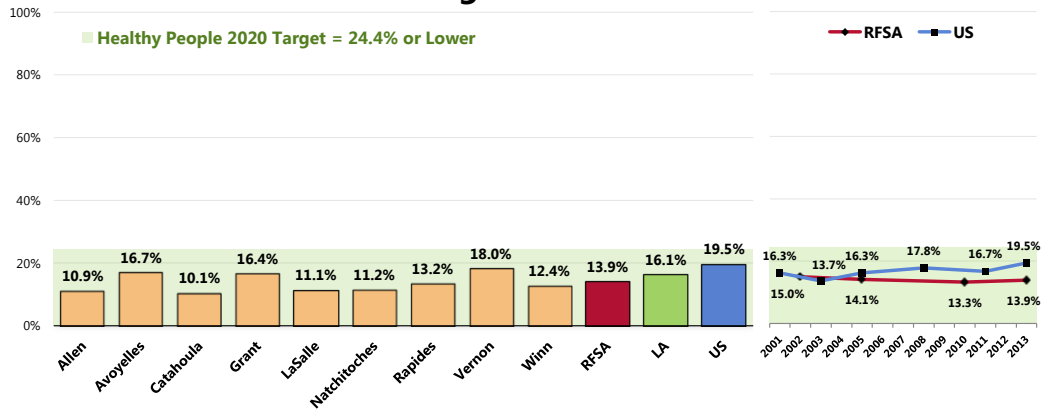
Binge drinkers include:

1) MEN who report drinking 5 or more alcoholic drinks on any single occasion during the past month; and

2) WOMEN who report drinking 4 or more alcoholic drinks on any single occasion during the past month.

- Lower than the prevalence in Louisiana.
- Lower than the prevalence reported nationwide.
- Satisfies the Healthy People 2020 target.
- Highest in Vernon Parish; lowest in Catahoula Parish.
- ☒ Statistically unchanged since 2002.

Binge Drinkers



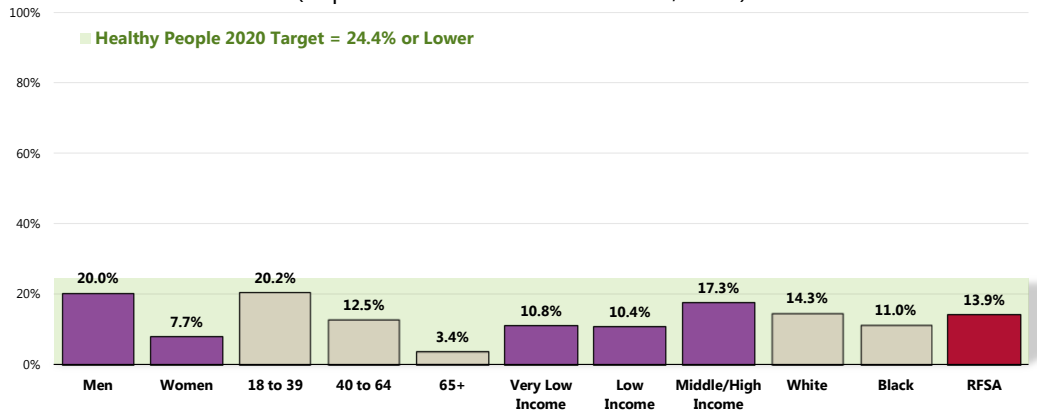
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 207]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2011 Louisiana data.
 • 2013 PRC National Health Survey, Professional Research Consultants.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-14.3]
 Notes: • Asked of all respondents.
 • Binge drinkers are defined as men having 5+ alcoholic drinks on any one occasion or women consuming 4+ drinks on any one occasion.
 • Because the CDC implemented changes to the BRFSS weighting methodology in 2011, state findings might not be directly comparable to the regional or national findings outlined in this report.

Binge drinking is more prevalent among:

- ☺ Men.
- ☺ Younger adults.
- ☺ Residents living at higher incomes.
- ☺ Whites.

Binge Drinkers

(Rapides Foundation Service Area, 2013)



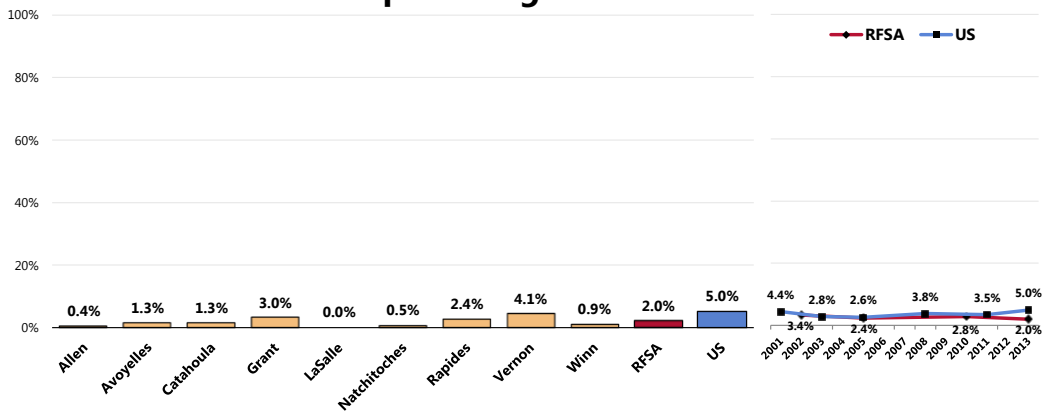
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 207]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-14.3]
 Notes: • Asked of all respondents.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.
 • Binge drinkers are defined as men having 5+ alcoholic drinks on any one occasion or women consuming 4+ drinks on any one occasion

Drinking & Driving

A total of 2.0% of RFSA adults acknowledge having driven a vehicle in the past month after they had perhaps too much to drink.

- Lower than the national figure.
- Quite low in Allen, LaSalle, Natchitoches, and Winn parishes; highest in Vernon.
- ☒ The drinking and driving prevalence has decreased since 2002.

Have Driven in the Past Month After Perhaps Having Too Much to Drink



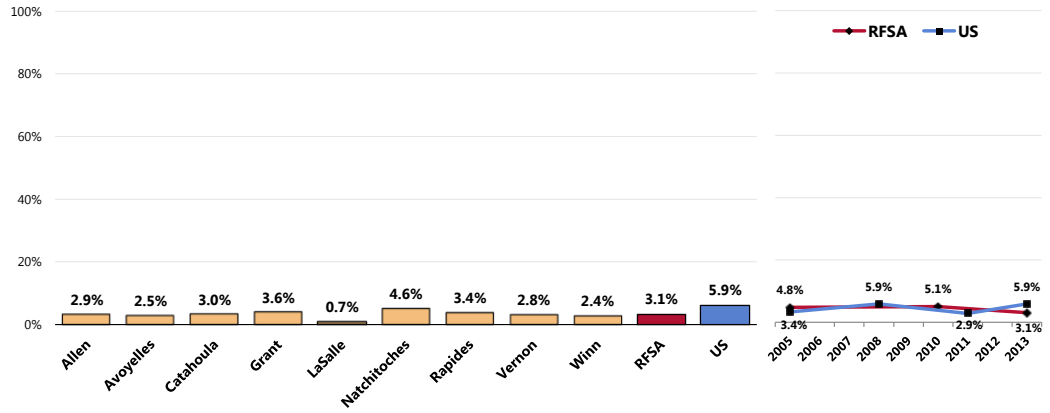
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 63]
 • 2013 PRC National Health Survey, Professional Research Consultants.
 Notes: • Asked of all respondents.

Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that the actual incidence of drinking and driving in the community is likely higher.

In the past month, 3.1% of RFSA adults have ridden with a driver who had perhaps too much to drink.

- Lower than the national figure.
- Quite low in LaSalle Parish; highest in Natchitoches Parish.
- ▣ The prevalence has decreased significantly since 2005.

Have Ridden With a Driver in the Past Month Who Had Too Much to Drink

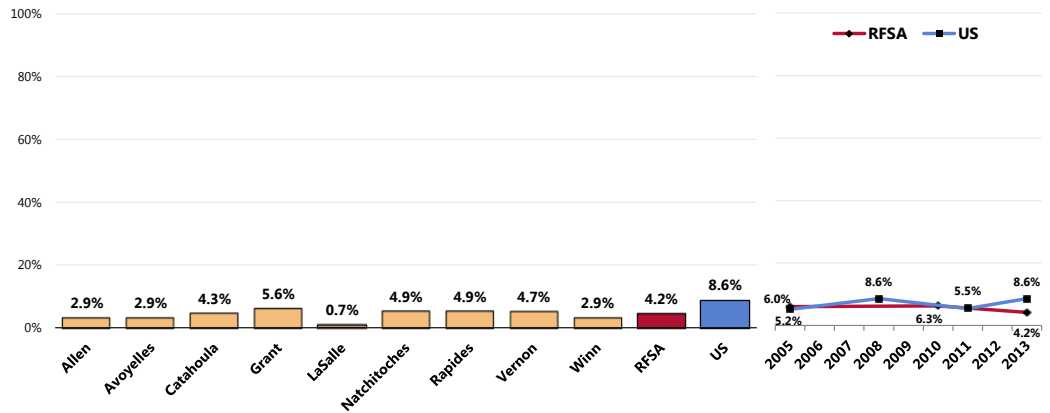


Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 64]
 ● 2013 PRC National Health Survey, Professional Research Consultants.
 Notes: ● Asked of all respondents.

A total of 4.2% of RFSA adults acknowledge either drinking and driving or riding with a drunk driver in the past month.

- Half the national percentage.
- Favorably low in LaSalle Parish.
- ▣ Marks a significant decrease over time.

Have Driven Drunk OR Ridden With a Driver in the Past Month Who Had Too Much to Drink



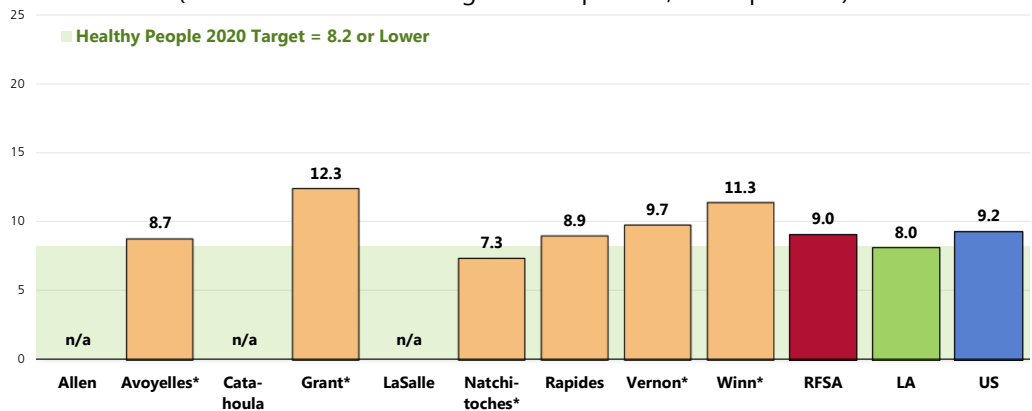
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 208]
 ● 2013 PRC National Health Survey, Professional Research Consultants.
 Notes: ● Asked of all respondents.

Age-Adjusted Cirrhosis/Liver Disease Deaths

Between 2008 and 2010, there was an annual average age-adjusted cirrhosis/liver disease mortality rate of 9.0 deaths per 100,000 population in the RFSA.

- Higher than the rate reported across Louisiana.
- Comparable to the national rate.
- Fails to satisfy the Health People 2020 target.
- Notably higher in Grant and Winn parishes (note that these represent a longer period of time); lower (more favorable) in Avoyelles and Natchitoches parishes (also representing a longer period of time).

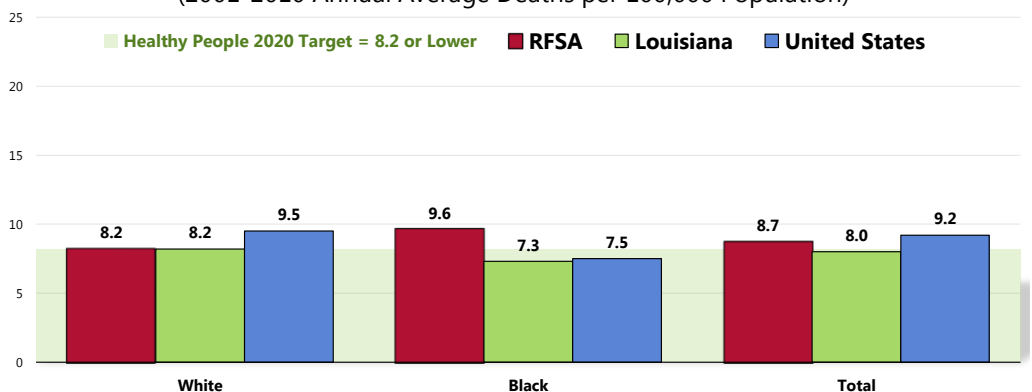
Cirrhosis/Liver Disease: Age-Adjusted Mortality (2008-2010 Annual Average Deaths per 100,000 Population)



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-11]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
 - * Due to low numbers of deaths: the rates for Avoyelles, Grant, Natchitoches, Vernon and Winn parishes represent 2001-2010 data; rates for Allen, Catahoula and LaSalle parishes are not available.
 - NOTE: 2008 deaths for Allen Parish are underreported due to problems registering deaths with the Louisiana Vital Statistics Office.

👤 The RFSA cirrhosis mortality rate is slightly higher among Blacks than among Whites.

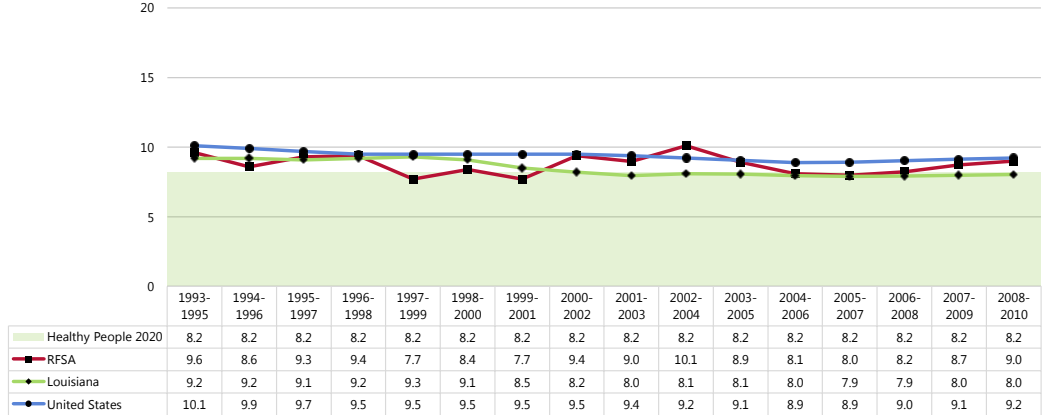
Cirrhosis/Liver Disease: Age-Adjusted Mortality by Race (2001-2010 Annual Average Deaths per 100,000 Population)



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-11]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
 - NOTE: 2006-2008 deaths for Allen Parish are underreported due to problems registering deaths with the Louisiana Vital Statistics Office.

☒ Mortality rates have fluctuated over the past several years, showing no clear trend.

Cirrhosis/Liver Disease: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-11]
 Notes: • Deaths from 1999 forward are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10); pre-1999 data were coded using ICD-9 coding.
 • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
 • State and national data are simple three-year averages; the RFSa three-year average is weighted by population.
 • NOTE: 2006-2008 deaths for Allen Parish are underreported due to problems registering deaths with the Louisiana Vital Statistics Office.

Illicit Drug Use

Illegal use of drugs, such as heroin, marijuana, cocaine, and methamphetamine, is associated with other serious consequences, including injury, illness, disability, and death, as well as crime, domestic violence, and lost workplace productivity. Drug users and persons with whom they have sexual contact run high risks of contracting gonorrhea, syphilis, hepatitis, tuberculosis, and human immunodeficiency virus (HIV). The relationship between injection drug use and HIV/AIDS transmission is well known. Injection drug use also is associated with hepatitis B and C infections. Long-term consequences, such as chronic depression, sexual dysfunction, and psychosis, may result from drug use.

Although there has been a long-term drop in overall use, many people in the United States still use illicit drugs. Drug use among adolescents age 12 to 17 years doubled between 1992 and 2005. Drug and alcohol use by youth also is associated with other forms of unhealthy and unproductive behavior, including delinquency and high-risk sexual activity.

– Healthy People 2020, 2nd Edition. US Department of Health and Human Services. Washington, DC: US Government Printing Office, November 2000.

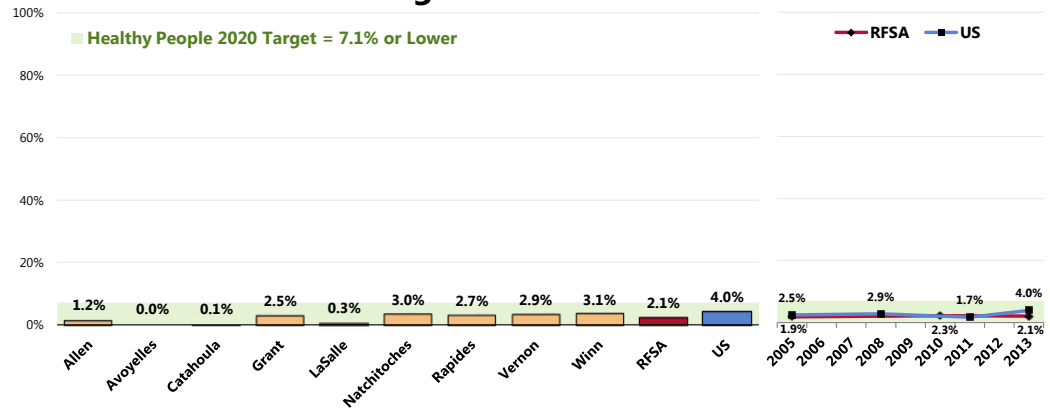
A total of 2.1% of RFSa adults acknowledge using an illicit drug in the past month.

- Lower than the percentage reported across the nation.
- Satisfies the Healthy People 2020 objective.
- Lowest in Avoyelles, Catahoula, and LaSalle parishes.
- ☒ No significant change from previous findings.

For the purposes of this survey, “illicit drug use” includes use of illegal substances or of prescription drugs taken without a physician’s order.

Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that actual illicit drug use in the community is likely higher.

Illicit Drug Use in the Past Month



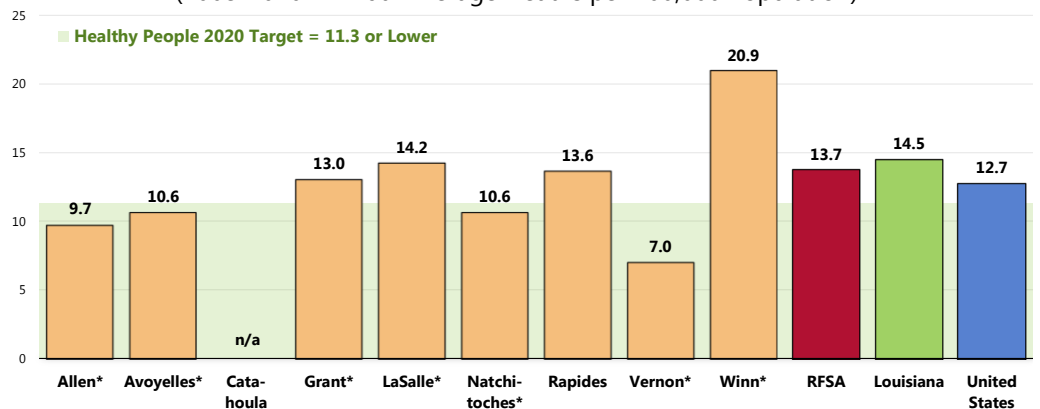
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 65]
 • 2013 PRC National Health Survey, Professional Research Consultants.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-13.3]
 Notes: • Asked of all respondents.
 • Binge drinkers are defined as men having 5+ alcoholic drinks on any one occasion or women consuming 4+ drinks on any one occasion.

Age-Adjusted Drug-Induced Deaths

Between 2008 and 2010, there was an annual average age-adjusted drug-induced mortality rate of 13.7 deaths per 100,000 population in the Rapides Foundation Service Area.

- Lower than the statewide rate.
- Higher than the national rate.
- Fails to satisfy the Healthy People 2020 target.
- Parish-level rates range from 7.0 in Vernon Parish to 20.9 in Winn Parish.

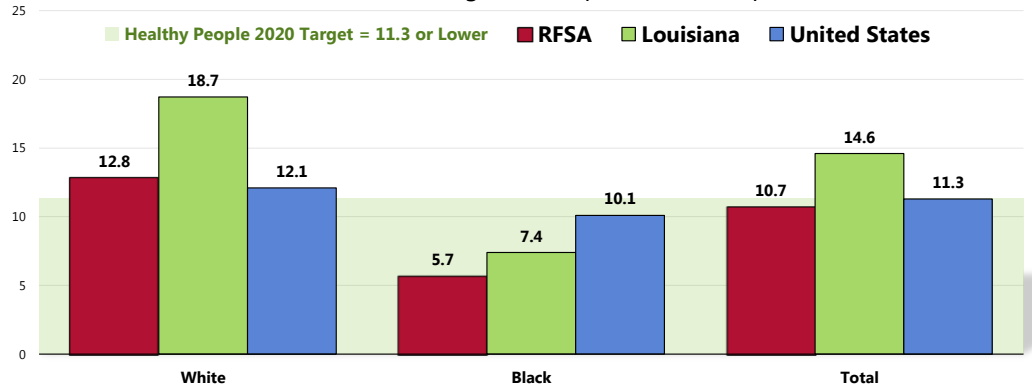
Drug-Induced Deaths: Age-Adjusted Mortality (2008-2010* Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-12]
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 • Local, state and national data are simple three-year averages.
 • * Due to low numbers of deaths: the rates for Allen, Avoyelles, Grant, LaSalle, Vernon and Winn parishes represent 2001-2010 data; the rate for Natchitoches Parish represents 2006-2010 data. A Catahoula Parish rate is not available.
 • NOTE: 2006-2008 deaths for Allen Parish are underreported due to problems registering deaths with the Louisiana Vital Statistics Office.

☹️ Drug-induced deaths in the RFSA are notably higher among Whites than among Blacks. The same is true statewide and nationally, as well.

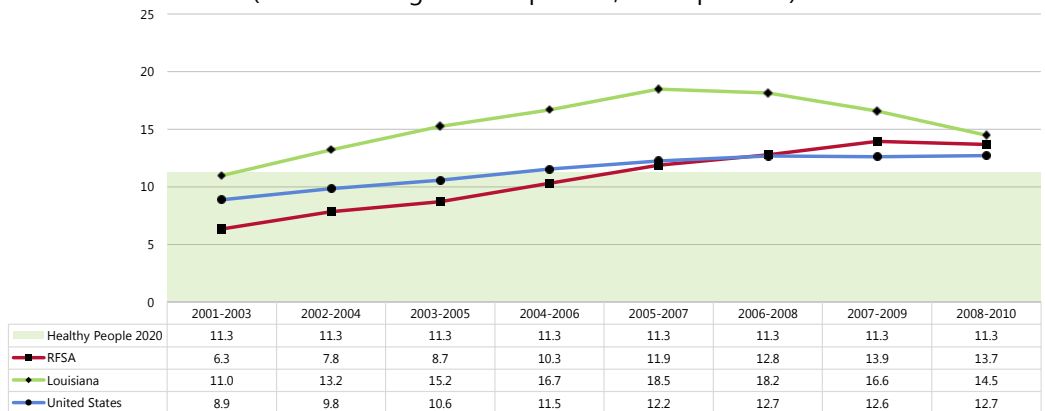
Drug-Induced Deaths: Age-Adjusted Mortality by Race (2001-2010 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-12]
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
 • NOTE: 2006-2008 deaths for Allen Parish are underreported due to problems registering deaths with the Louisiana Vital Statistics Office.

☹️ Drug-induced mortality has increased (more than doubled) over the past decade.

Drug-Induced Deaths: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-12]
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 • County, state and national data are simple three-year averages.
 • NOTE: 2006-2008 deaths for Allen Parish are underreported due to problems registering deaths with the Louisiana Vital Statistics Office.

Alcohol & Drug Treatment

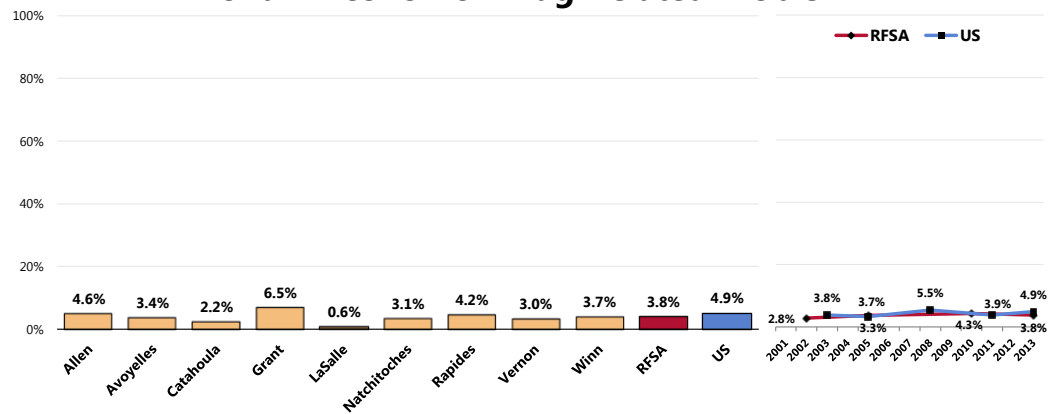
The stigma attached to substance abuse increases the severity of the problem. The hiding of substance abuse, for example, can prevent persons from seeking and continuing treatment and from having a productive attitude toward treatment. Compounding the problem is the gap between the number of available treatment slots and the number of persons seeking treatment for illicit drug use or problem alcohol use.

- Healthy People 2020, 2nd Edition. US Department of Health and Human Services. Washington, DC: US Government Printing Office, November 2000.

A total of 3.8% of RFSA adults say that they have sought professional help for an alcohol or drug problem at some point in their lives.

- Similar to the prevalence reported across the nation.
- Highest in Grant Parish, lowest in LaSalle Parish.
- ▣ Marks a statistically significant increase over time in the RFSA.

Have Ever Sought Professional Help for an Alcohol- or Drug-Related Problem



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 66]
• 2013 PRC National Health Survey, Professional Research Consultants.

Notes: • Asked of all respondents.

Related Focus Group Findings: Substance Abuse

Substance abuse in the community is of concern to many focus group attendees. The main issues discussed surrounding substance abuse included:

- Prevalence of drug use
- Prescription medication
- Need additional substance abuse treatment programs and facilities
- High drug use and experimentation in youth
- Learned behavior

A number of focus group participants worry about the **prevalence of drug use** in the parishes because it negatively impacts every aspect of a person's life. Drug use crosses socioeconomic statuses and age ranges. Attendees describe alcohol use as a part of the culture and a "way of life" in the rural communities. Participants believe that the high substance use rates in the community are one contributor to the high infant mortality rate. In addition, participants worry about drinking and driving.

Attendees agree that substance use occurs across all demographics and worry specifically about alcohol, methamphetamines, cocaine, crack cocaine, marijuana, synthetic drugs, inhalants, over-the-counter and prescription drugs. Participants feel that many residents have easy access to **prescription medication** and some community members “doctor shop” for opiates. (The Louisiana Board of Pharmacy website helps to eliminate some of this issue.) The selling of drugs has become commonplace and occurs everywhere, as a participant recalls:

“They come to the library and make their drug deals. It was during the pecan festival we saw a transaction happen right outside the door of the library. And it was like; you know they don’t have any respect anymore.” — Grant Parish Key Informant

Focus group members in Natchitoches Parish also believe that community members and adolescents transport drugs to make money. Other parishes have residents that make their own methamphetamines:

“Then we have a little cottage industry of meth out in the poorer areas. So Grant Parish and Catahoula Parish and all these parishes that are very poor that surround Alexandria have all sorts of people who make a living by setting up a meth lab in their bathtub.” — Rapides Parish Healthcare Professional (Group 2)

Attendees feel that the community **needs additional substance abuse treatment programs and facilities**. Only a limited number of organizations provide substance abuse treatment and very few have programs for adolescents. No inpatient options operate in the region. Many parishes do not have a detox facility and residents must travel for any type of inpatient care. Several participants explain the difficulties acquiring treatment for addicts:

“The problem that you see is dealing with these patients (addicts). Until they hit rock bottom, they don’t want help. They want medications. And so they keep shopping and keep shopping and then the state police start hunting for them and they’re in your ERs and doctor’s offices and they finally catch up with them, arrest them. They go to court. But there’s no treatment given to these people.” — Rapides Parish Healthcare Professional

“I don’t have the ability to help my patients who have drug abuse and alcoholism issues other than to tell them to go to AA or call NA. I have a patient that came in yesterday that is addicted to drugs and is doing criminal behavior and wants to get help. It’s very rare. I don’t have anywhere to send her. She can’t drive anywhere. There’s a big drug problem.” — Catahoula Parish Key Informant

“It’s limited. That’s a real mystery to me. All I know is when we have a patient in that situation the social worker usually ends up calling all over the state. Sometimes they find a place and sometimes they don’t. It’s very hit or miss.” — Rapides Parish Healthcare Professional (Group 2)

In Vernon Parish, the judicial system can sentence criminals to attend counseling at addictive disorder clinic. Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) meetings are well attended in Catahoula and Allen parishes, but in smaller communities, residents may be too embarrassed to seek treatment due to the stigma attached to addiction. One attendee recalls her experience:

“We’re very small insular communities. So if there’s a 12-step program anywhere in Colfax, everybody in Colfax knows that you went. They may not know that you went because you’re intervening on behalf of a family member. Which my mother did actually because we had an

issue with addiction with another family member. And before I knew it, five people had called and said, 'Oh, poor, Ms. Mack. I didn't know she was drinking.'" — Grant Parish Key Informant

Also in Allen Parish, a church began a Celebrate Recovery support group and the Natchitoches Parish Sheriff Department formed a Task Force to combat the drug issue in the community; the results have been promising:

"I know from knowing people that are on that task force that they have made an impact on some of the drugs, but it's still, like she said, it's just an overwhelming amount... But you're constantly seeing law enforcement. They know it's an issue. They're keeping as much pressure on it." — Natchitoches Parish Key Informant

High drug use and experimentation in youth of any income concerns focus group attendees. Components in the pervasive use of illegal substances are the parental knowledge and belief that alcohol use in young adults is an accepted reality.

"Most of them had started drinking at 10. 10- or 11-years-old. Where do they get the booze? From their parents. We are Southern Louisiana. We like to eat and drink. I mean nothing personal but I mean that's our culture." — Allen Parish Key Informant

Drug use has become a "normal" part of adolescents with the media glamorizing it. Attendees believe that youth are no longer held accountable for their actions.

"A lack of knowledge of what the expected outcome is going to be. For instance, a child can huff a chemical, breathe it in, and not know it and that may be the one and only time they do it but their friends encourage them, their peer pressure, but none of those peer pressure group tells them, 'Hey, you can die if you do that.' So the expected outcomes, the knowledge of that is not there, and that's supposed to be gotten obviously from their home, their instruction of what to do and what not to do." — Natchitoches Parish Key Informant

Many focus group members feel that parents' ability to guide their child has declined in previous years (parents are more focused on being a friend than a parent). A participant describes the concept of "parent pressure":

"It's almost an accepted cultural norm that it's okay for teens to drink and parents are good with that. I've raised three boys myself and I know there's that term out there about teen peer pressure. I used to call it parent peer pressure because there's just so much peer pressure for parents to even just kind of not be so judgmental I guess or against the norm, which is, 'Why are you so rigid? Why are you so strict with your kids?' There's a parent pressure out there to not be so nonconformist and it's hard." — Community Health Needs Assessment Advisory Committee Member

Other attendees worry that drug use is a **learned behavior** and young children see their parents using drugs and copy the behavior. A Head Start employee describes how children act out their home life in her classroom:

"We're seeing them three and four year olds in Head Start and going, 'Oh, my god, he's in the center, in the domestic play center pretending to role joints.' They know the names of all the mixed drinks. And if that's their play, they're not playing mommy and daddy or they're playing the version of mommy and daddy that they see." — Grant Parish Key Informant

Participants would like to see more drug education programs in schools to combat the substance abuse epidemic.

Youth Focus Group Findings:

Participants in the youth focus group think that the community does not have a lot to offer in terms of culture, or entertainment. The available options, like movie theatres, are expensive. This downtime, peer pressure and modeling older sibling behaviors contribute to the number of teenagers who use **illegal drugs or alcohol**. Drug and alcohol use begins as early as middle school. The attendees describe marijuana use as common. However, other youth describe the fear of getting in trouble a factor in not using illegal substances.

The youth key informants also agree that the current drug prevention education does not work. The attendees do not feel that the teachers connect with them and would like to have education conducted by younger people who they can relate with.

Tobacco Use

Cigarette smoking causes heart disease, several kinds of cancer (lung, larynx, esophagus, pharynx, mouth, and bladder), and chronic lung disease. Cigarette smoking also contributes to cancer of the pancreas, kidney, and cervix. Smoking during pregnancy causes spontaneous abortions, low birthweight, and sudden infant death syndrome. Other forms of tobacco are not safe alternatives to smoking cigarettes.

Tobacco use is responsible for more than 430,000 deaths per year among adults in the United States [about 20% of all deaths]... If current tobacco use patterns persist in the United States, an estimated 5 million persons under age 18 years will die prematurely from a smoking-related disease. Direct medical costs related to smoking total at least \$50 billion per year [other sources estimate more than \$75 billion in 1998 (about 8% of the personal healthcare expenditures in the US)]; direct medical costs related to smoking during pregnancy are approximately \$1.4 billion per year.

Evidence is accumulating that shows maternal tobacco use is associated with mental retardation and birth defects such as oral clefts. Exposure to secondhand smoke also has serious health effects. Researchers have identified more than 4,000 chemicals in tobacco smoke; of these, at least 43 cause cancer in humans and animals. Each year, because of exposure to secondhand smoke, an estimated 3,000 nonsmokers die of lung cancer, and 150,000 to 300,000 infants and children under age 18 months experience lower respiratory tract infections.

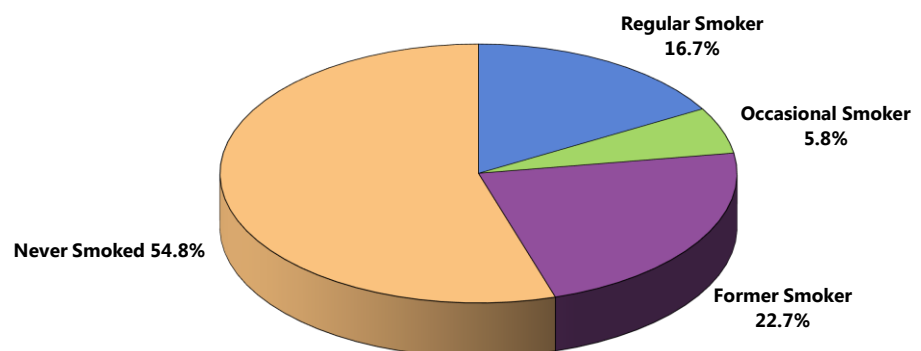
– Healthy People 2020, 2nd Edition. US Department of Health and Human Services. Washington, DC: US Government Printing Office, November 2000.

Cigarette Smoking

Cigarette Smoking Prevalence

A total of 22.5% of RFSA adults currently smoke cigarettes, either regularly (16.7% every day) or occasionally (5.8% on some days).

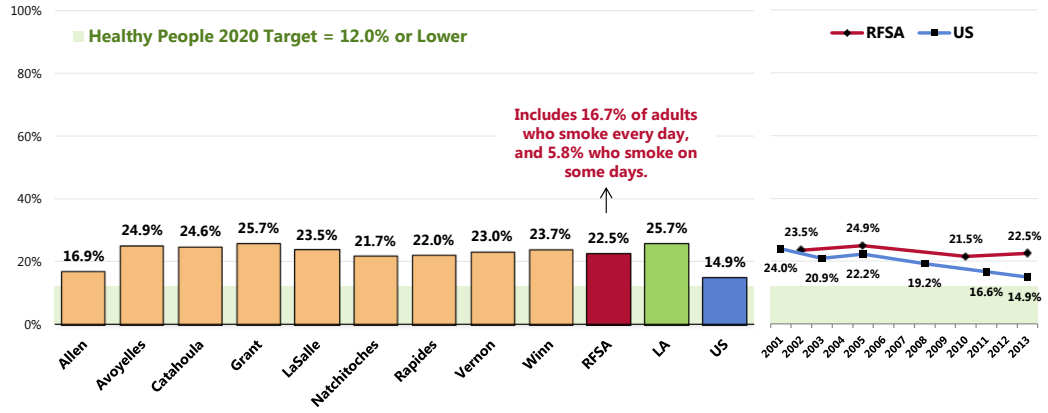
Cigarette Smoking Prevalence (Rapides Foundation Service Area, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 201]
Notes: • Asked of all respondents.

- Lower than state findings.
 - Higher than national findings.
 - Fails to satisfy the Healthy People 2020 target.
 - Favorably lower in Allen Parish.
- ☒ The current smoking percentage is statistically similar to that reported in the RFSA in 2002 (although the 2005-2010 change represents a significant decrease).

Current Smokers



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 201]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2011 Louisiana Data.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-1.1]

Notes: • Asked of all respondents.
 • Includes regular and occasional smokers (everyday and some days).
 • Because the CDC implemented changes to the BRFSS weighting methodology in 2011, state findings might not be directly comparable to the regional or national findings outlined in this report.

Cigarette smoking is more prevalent among:

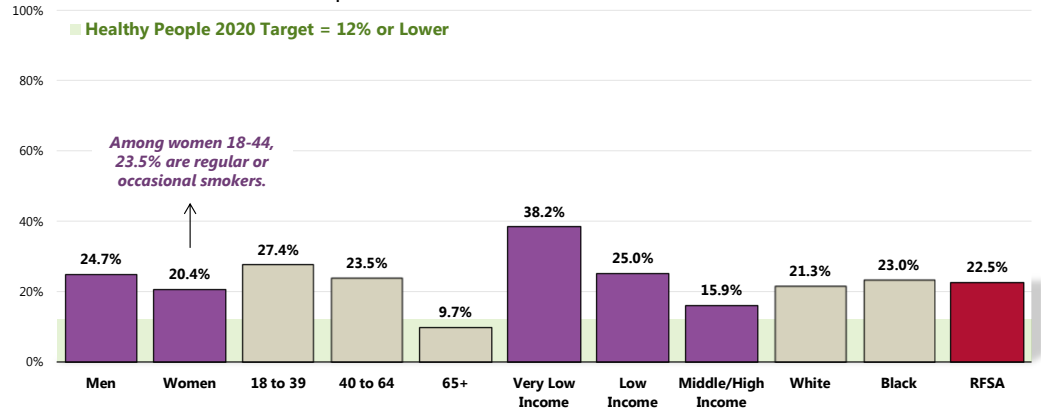
- ☹️ Men.
- ☹️ Adults under age 65.
- ☹️ Low income residents.

Note also:

- ☹️ 23.5% of women of child-bearing age (ages 18 to 44) currently smoke. This is notable given that tobacco use increases the risk of infertility, as well as the risks for miscarriage, stillbirth and low birthweight for women who smoke during pregnancy.

Current Smokers

(Rapides Foundation Service Area, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 201-202]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-1.1]

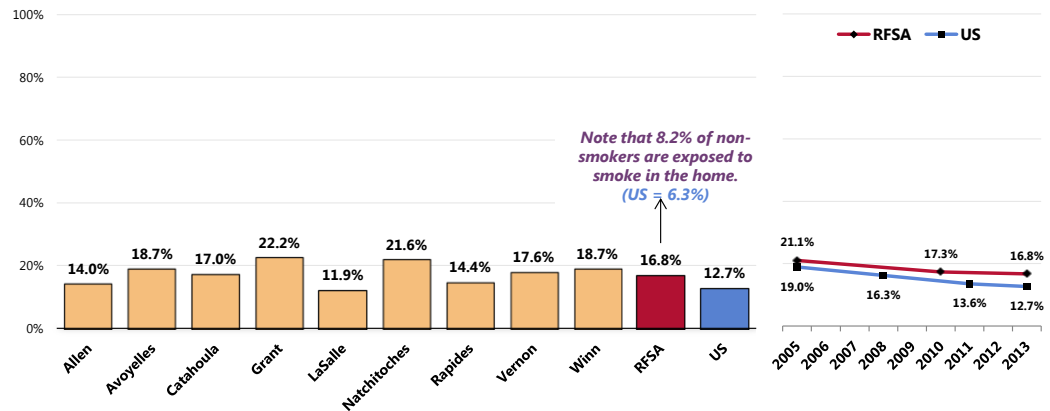
Notes: • Asked of all respondents.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

Environmental Tobacco Smoke

A total of 16.8% of RFSA adults (including smokers and non-smokers) report that a member of their household has smoked cigarettes in the home in the past month an average of four or more times per week.

- Worse than the national findings.
- Notably lower in LaSalle and Rapides parishes; higher in Grant and Natchitoches parishes.
- 👤 Note that 8.2% of RFSA non-smokers are exposed to cigarette smoke at home, similar to the US prevalence.
- 📅 This indicator has improved over time.

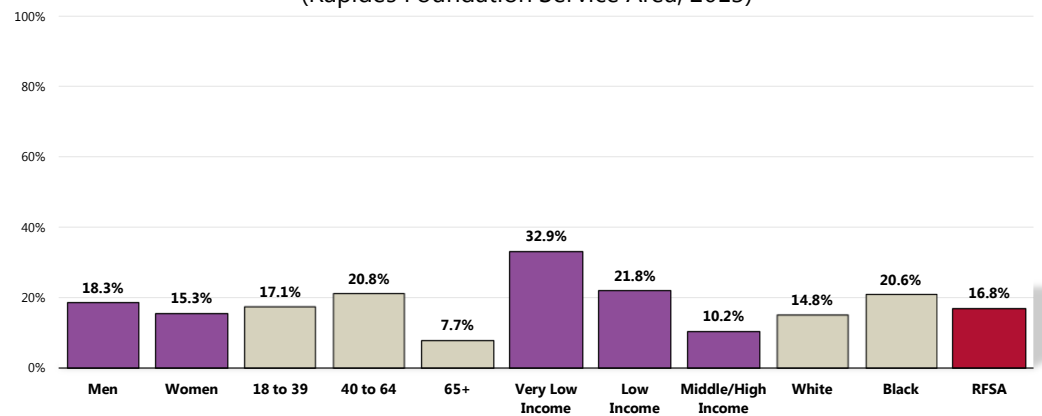
Member of Household Smokes at Home



- Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 55, 203]
 - 2013 PRC National Health Survey, Professional Research Consultants.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-14]
- Notes:
- Asked of all respondents.
 - "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

- 👤 Notably higher among men, adults under age 65, residents living at lower incomes, and Blacks.

Member of Household Smokes At Home (Rapides Foundation Service Area, 2013)

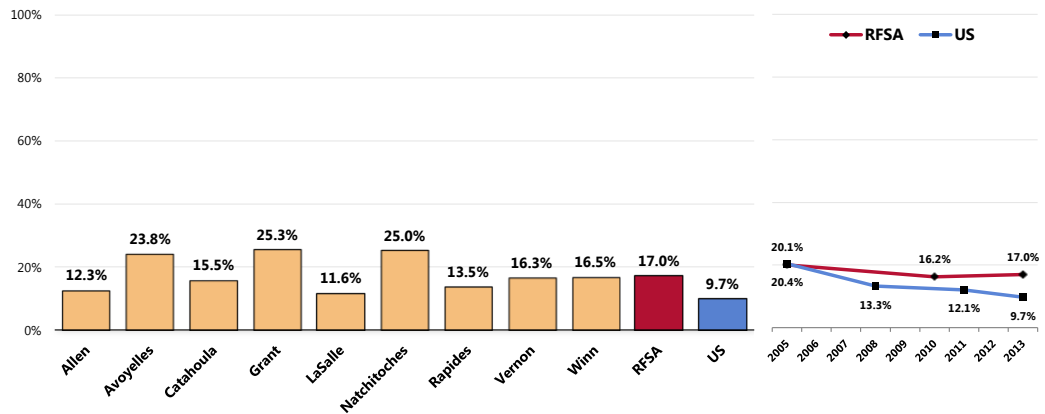


- Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 55]
- Notes:
- Asked of all respondents.
 - Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.
 - "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

Among households with children, 17.0% have someone who smokes cigarettes in the home.

- Higher than national findings.
- Highest in Grant and Natchitoches parishes; statistically low in Rapides Parish. *(While Allen and LaSalle Parish percentages appear lowest, these are not statistically low given the associated sample sizes/error rates.)*
- ☒ Marks a statistically significant decrease over time among households with children.

Percentage of Households With Children In Which Someone Smokes in the Home



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 204]
 • 2013 PRC National Health Survey, Professional Research Consultants.
 Notes: • Asked of respondents with children ages 0-17 at home.
 • "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

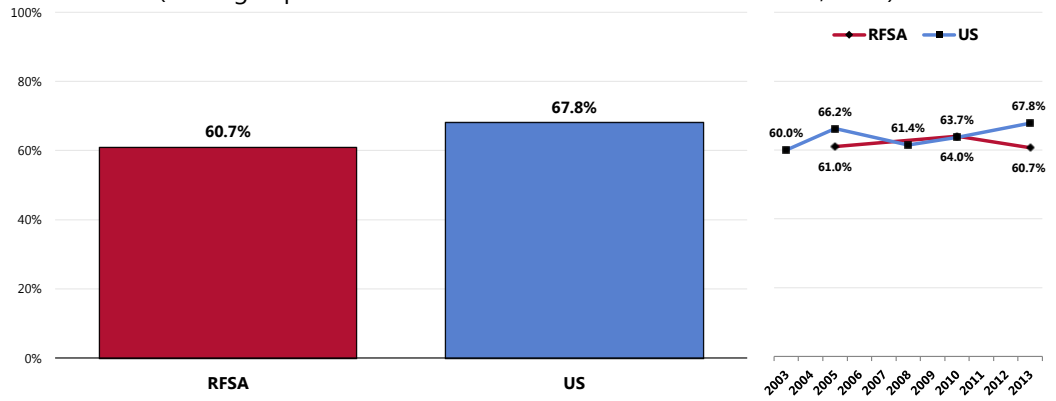
Smoking Cessation

Health Advice About Smoking Cessation

A total of 60.7% of smokers say that a doctor, nurse or other health professional has recommended in the past year that they quit smoking.

- Statistically comparable to the national percentage.
- ☒ Statistically unchanged in the RFSA since 2005.

Received Advice to Quit Smoking by a Healthcare Professional (Among Rapides Foundation Service Area Current Smokers, 2013)



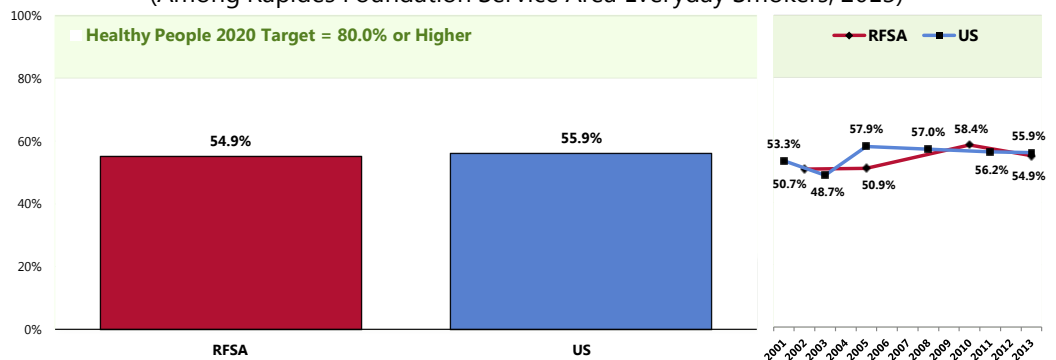
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 54]
 • 2013 PRC National Health Survey, Professional Research Consultants.
 Notes: • Asked of all current smokers.

Smoking Cessation Attempts

A total of 54.9% of regular smokers went without smoking for one day or longer in the past year because they were trying to quit smoking.

- Similar to the national percentage.
- Fails to satisfy the Healthy People 2020 target.
- ☒ Statistically unchanged over time.

Have Stopped Smoking for One Day or Longer in the Past Year in an Attempt to Quit Smoking (Among Rapides Foundation Service Area Everyday Smokers, 2013)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 53]
 • 2013 PRC National Health Survey, Professional Research Consultants.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-4.1]
 Notes: • Asked of respondents who smoke cigarettes every day.

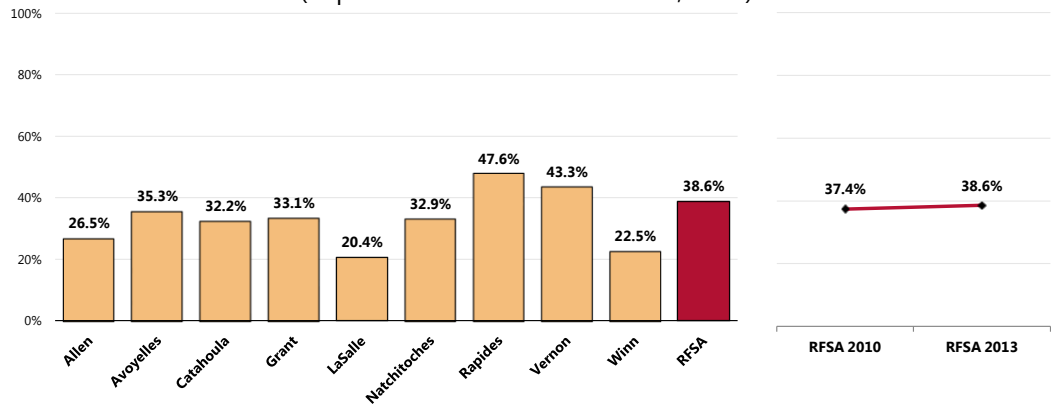
Education & Programming

A total of 38.6% of RFSA adults (including both smokers and non-smokers) are aware of services, programs, or classes to help smokers quit smoking.

- Awareness is lowest in Allen, Catahoula, Grant, LaSalle, Natchitoches, and Winn parishes; awareness is higher in Rapides and Vernon parishes.
- No significant change since this was first measured in 2010.

Aware of Services, Programs or Classes to Help Smokers Quit Smoking

(Rapides Foundation Service Area, 2013)



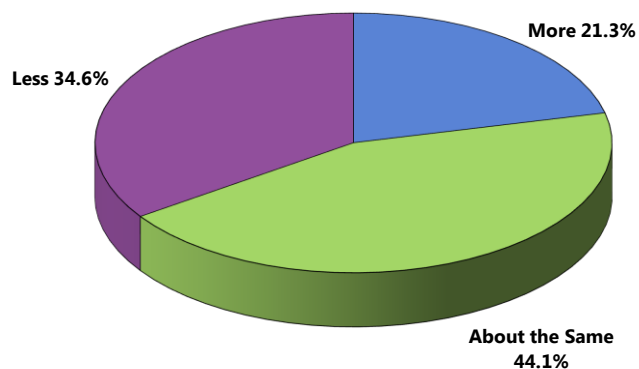
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 56]
 Notes: • Asked of all respondents.

In the past year or so, just over one in three parents (34.6%) feel that their child has talked to them “less” about tobacco control activities in his or her school.

- 44.1% feel the amount of discussion has not changed over the past year or so (“about the same”) while fewer (21.3%) believe that their child has talked with them “more” about school tobacco control activities.

In the Past Year or So, Child Has Talked With Parents More/Less/Same Regarding School Tobacco Control Activities

(Rapides Foundation Service Area Parents of Children Age 12-17, 2013)

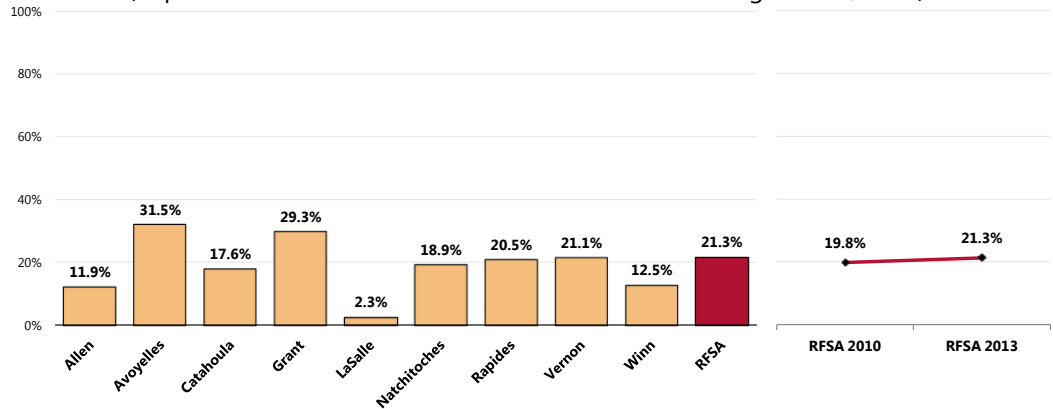


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 139]
 Notes: • Asked of respondents with children ages 12-17 at home.

- The prevalence is quite low in Allen, LaSalle, and Winn parishes.
- ☒ Statistically unchanged from 2010 survey findings.

Child Has Talked With Parents More in the Past Year or So Regarding School Tobacco Control Activities

(Rapides Foundation Service Area Parents of Children Age 12-17, 2013)



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 139]
 Notes: ● Asked of respondents with children ages 12-17 at home.

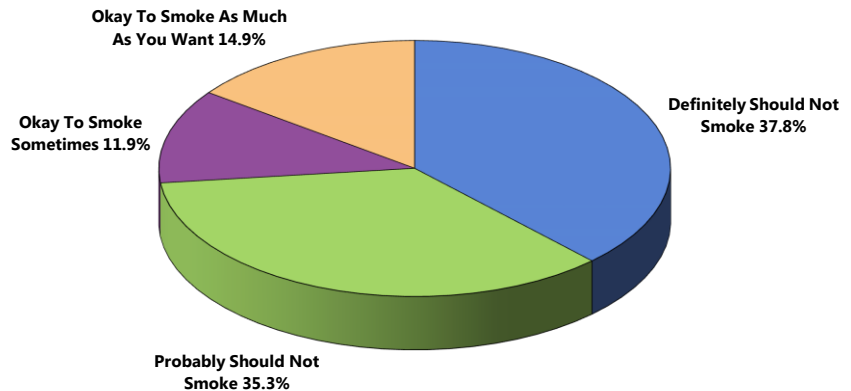
Public Perceptions of Smoking

The majority of RFSA survey respondents believes that most people are against smoking, indicating that the public feels a person “definitely should not smoke” (37.8%) or “probably should not smoke” (35.3%).

- Another 11.9% believe that the general public opinion is that it is “okay to smoke sometimes,” and another 14.9% believe that public opinion says it is okay to smoke “as much as a person wants.”

Perception of How Most People in the Community Feel About Adults Smoking

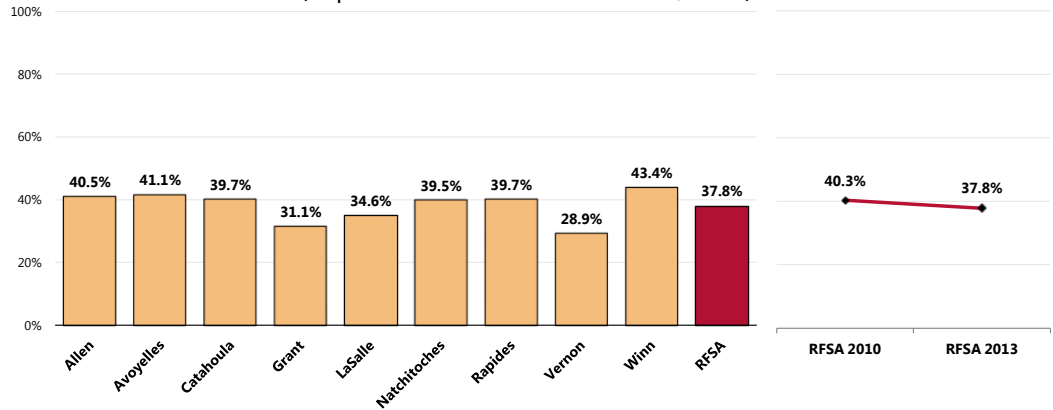
(Rapides Foundation Service Area, 2013)



Sources: ● 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 57]
 Notes: ● Asked of all respondents.

- The prevalence of "definitely should not smoke" responses is lowest in Grant and Vernon parishes, highest in Winn Parish.
- ☒ However, this marks a significant decrease over time.

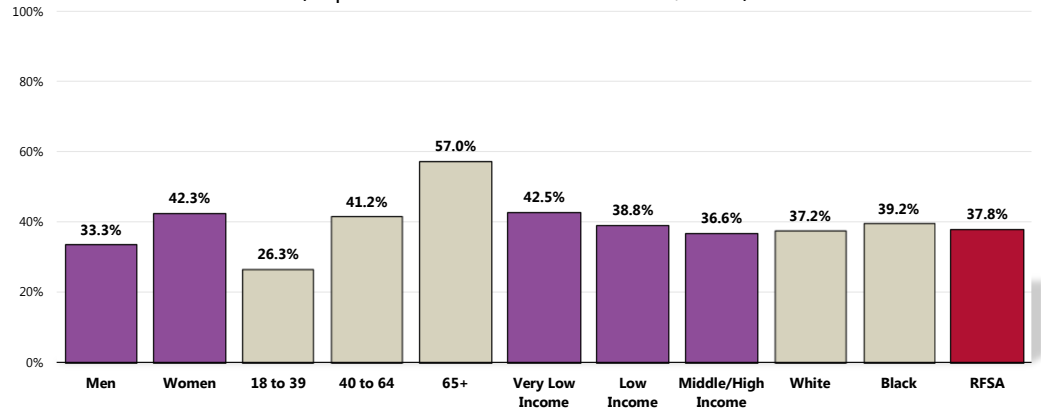
Respondent Perceives That Most People in the Community Believe That Adults Definitely Should Not Smoke (Rapides Foundation Service Area, 2013)



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 57]
 Notes: ● Asked of all respondents.

- ☒ Women, respondents age 40+, and residents living at very low incomes are more likely to feel that most people believe that a person definitely should not smoke.

Respondent Perceives That Most People in the Community Believe That Adults Definitely Should Not Smoke (Rapides Foundation Service Area, 2013)



Sources: ● 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 57]
 Notes: ● Asked of all respondents.
 ● Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

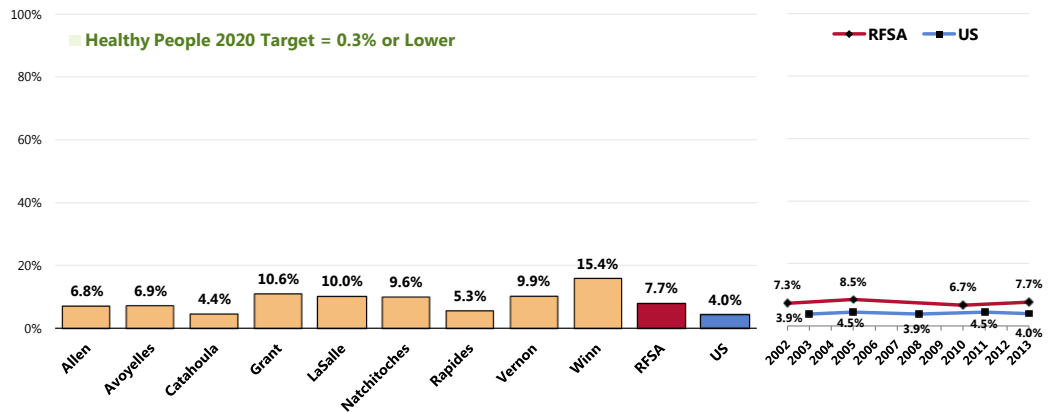
Other Tobacco Use

Smokeless Tobacco

A total of 7.7% of RFSA adults use chewing tobacco or snuff every day or on some days.

- Significantly higher than the national percentage.
- Fails to satisfy the Healthy People 2020 target.
- Lowest in Catahoula and Rapides parishes; particularly high in Winn Parish.
- ☒ Smokeless tobacco use in the RFSA remains statistically unchanged since 2002.

Use of Smokeless Tobacco



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 58]
• 2013 PRC National Health Survey, Professional Research Consultants.
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-1.2]
Notes: • Asked of all respondents.
• Smokeless tobacco includes chewing tobacco or snuff.

Related Focus Group Findings: Tobacco

Many focus group participants are concerned with tobacco use in the community, with discussion centered on these themes:

- Winn Parish Medical Center smoking cessation program
- Smoking cessation
- Rural, "cowboy" culture lends itself to smokeless tobacco use
- Young adults
- Tobacco prevention education wanted

Focus group participants worry about the negative health consequences of tobacco use, smokeless tobacco, and second-hand smoke inhalation. Attendees recognize the addictive nature of tobacco products, but believe that changing public policies may help people change their behavior. Key informants describe a positive step toward curbing tobacco use which occurred at the **Winn Parish Medical Center**: the hospital recently initiated a **smoking cessation program** for their employees. A participant explains the rationale for the program:

"I know at the hospital we're initiating a smoking cessation program for our employees for two reasons. They need to be healthy. We need them at work. We don't need them at home sick"

with all the things that – obviously when you don't take care of your body, it breaks down and you're more susceptible to about everything. But also it's a poor example that we set for our community to come to the hospital and your nurse – your nurse is outside smoking or your respiratory therapist comes into your room and smells like a cigarette.” — Winn Parish Key Informant

Participants believe that the **rural “cowboy” culture lends itself to smokeless tobacco use** and that a number of **young adults** smoke cigarettes and begin use as early as middle school, as a participant describes:

“We have a high rate of teenagers that walk to school because of the distance and you will see them on their way to school in the morning, smoking, and on their way back from school smoking.” — Avoyelles Parish Key Informant

Attendees feel that many of these youth see parents smoking and think that tobacco use is permissive and possibly encouraged in some families. Attendees would like to see more **tobacco prevention education** in the school setting and for it to begin at an early age. An attendee explains the importance of educating youth before they begin to smoke:

“I think the smoking problem has its roots back in the teenagers, because I see a lot of very young people who smoke and I'm very surprised. I think because they don't have other entertainment, other more healthy entertainment, so they think, ‘Okay, let's go smoke and drink’ and I think this is where we need to talk, because once somebody is an established smoker, it's very hard to break this habit. They tell you, ‘Well, I don't care anymore. I already have heart disease, COPD. What else can happen to me?’” — Vernon Parish Key Informant

Youth Focus Group Findings:

Smoking cigarettes and chewing tobacco are also seen as an issue for adolescents in the community. Tobacco use also begins through introductions from older siblings, or peers. Attendees describe that they see their teachers outside smoking and these are the same people who tell them not to smoke and describe the harmful effects. Youth believe that the number of young people smoking has increased.

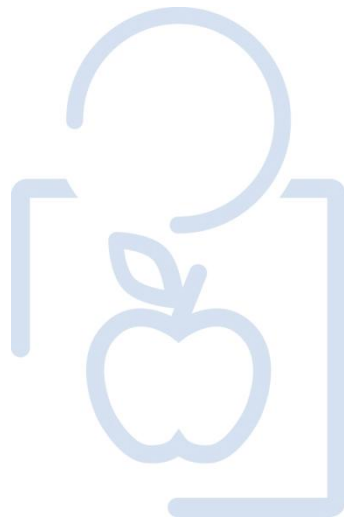
“Because it's more common now. Like it's just not like something that's forbidden, I guess. Like it's normal. More people are starting to accept it, so I think it's just become the usual for certain people.” — Youth Focus Group Participant

The rural culture also encourages chewing tobacco.

“I live in the country so that's how it is. It makes you cool around there if you do.” — Youth Focus Group Participant

The youth participants feel that the best ways to begin conversations with their generation include utilizing small groups led by a trusted adult (preferably someone under thirty years of age). These intimate groups if done well can create a family style atmosphere. Several youth describe their church groups as this type of group. The participants caution against relying too much on technology, like Facebook or Twitter, because young people use those avenues for fun, not to educate themselves.

SELF-REPORTED HEALTH STATUS



Overall Health Status

Respondents were asked the following:

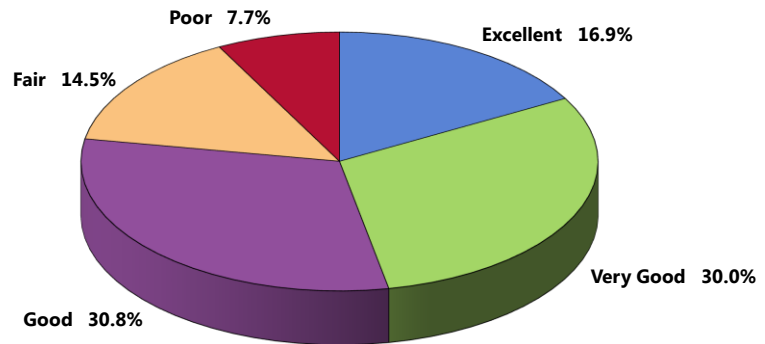
“Would you say that in general your health is: excellent, very good, good, fair or poor?”

Self-Reported Health Status

A total of 46.9% of RFSA adults rate their overall health as “excellent” or “very good.”

- Another 30.8% gave “good” ratings of their overall health.

Self-Reported Health Status
(Rapides Foundation Service Area, 2013)

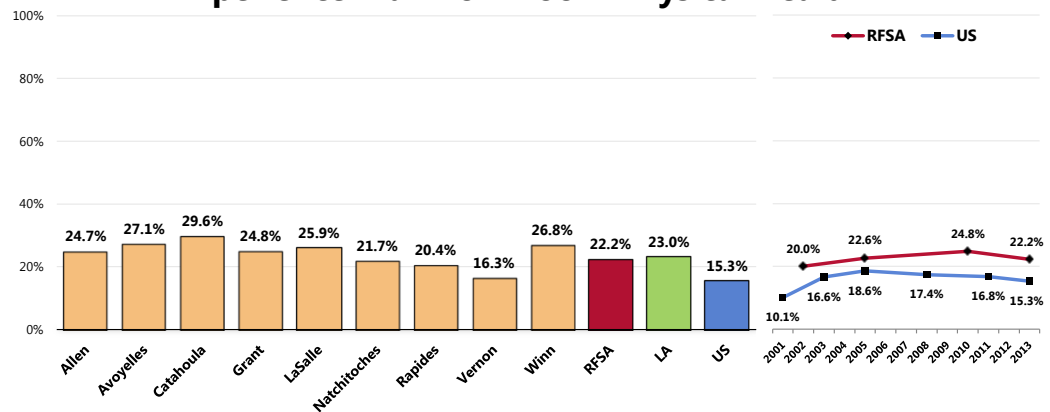


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
Notes: • Asked of all respondents.

Over one-fifth (22.2%) of adults believes that their overall health is “fair” or “poor.”

- Similar to the Louisiana prevalence.
- Higher than the national percentage.
- Highest in Avoyelles, Catahoula, and Winn parishes; lowest in Vernon Parish.
- ☒ Overall, “fair/poor” responses have increased in the RFSA since the 2002 survey.

Experience “Fair” or “Poor” Physical Health



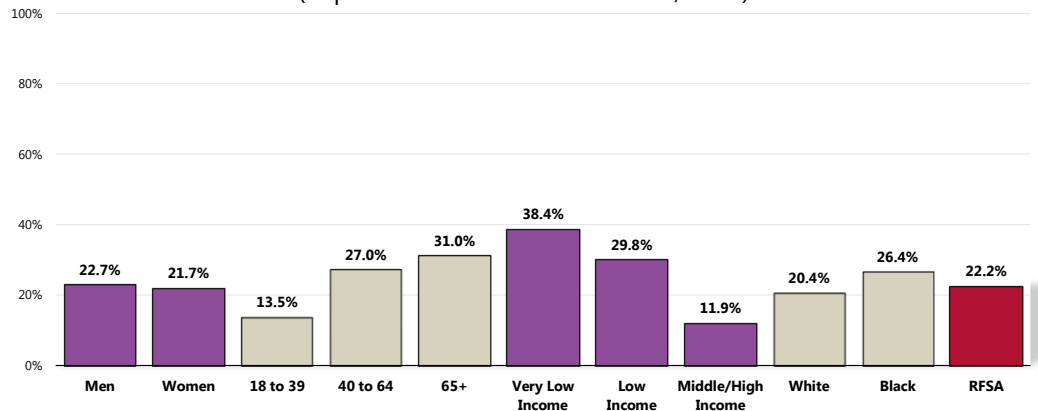
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 5]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2011 Louisiana data.
• 2013 PRC National Health Survey, Professional Research Consultants.
Notes: • Asked of all respondents.
• Because the CDC implemented changes to the BRFSS weighting methodology in 2011, state findings might not be directly comparable to the regional or national findings outlined in this report.

Adults more likely to report experiencing “fair” or “poor” overall health include:

- 👤 Adults age 40 and older (note the positive correlation with age).
- 👤 Residents living at lower incomes (note the negative correlation with income).
- 👤 Blacks.

Experience “Fair” or “Poor” Physical Health

(Rapides Foundation Service Area, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]

Notes: • Asked of all respondents.

• Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

Activity Limitations

An estimated 54 million persons in the United States currently live with disabilities. The increase in disability among all age groups indicates a growing need for public health programs serving people with disabilities.

The direct medical and indirect annual costs associated with disability [in the US] are more than \$300 billion, or 4 percent of the gross domestic product. This total cost includes \$160 billion in medical care expenditures (1994 dollars) and lost productivity costs approaching \$155 billion.

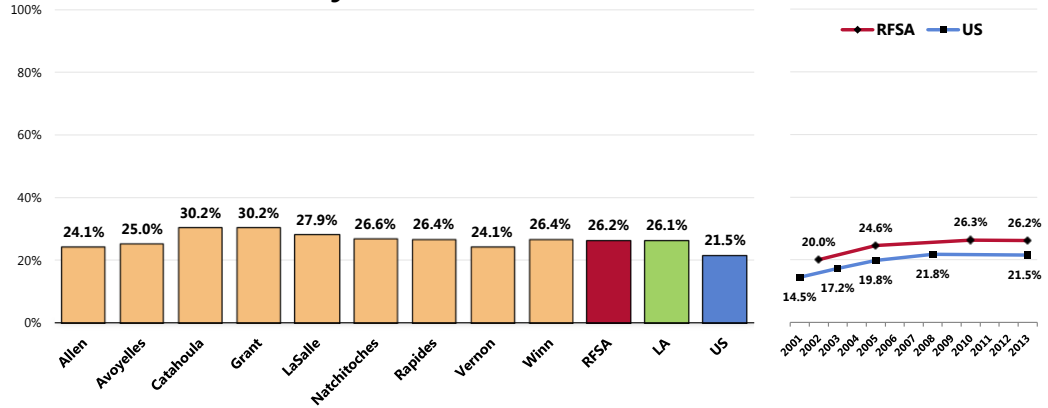
The health promotion and disease prevention needs of people with disabilities are not nullified because they are born with an impairing condition or have experienced a disease or injury that has long-term consequences. People with disabilities have increased health concerns and susceptibility to secondary conditions. Having a long-term condition increases the need for health promotion that can be medical, physical, social, emotional, or societal.

– Healthy People 2020, 2nd Edition. US Department of Health and Human Services. Washington, DC: US Government Printing Office, November 2000.

A total of 26.2% of RFSA adults are limited in some way in some activities due to a physical, mental or emotional problem.

- Nearly identical to the state prevalence.
- Less favorable than the prevalence nationwide.
- No statistically significant difference by parish.
- 📈 The prevalence of activity limitations has increased significantly in the RFSA since 2002.

Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 118]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 Louisiana data.
 • 2013 PRC National Health Survey, Professional Research Consultants.

Notes: • Asked of all respondents.
 • Because the CDC implemented changes to the BRFSS weighting methodology in 2011, state findings might not be directly comparable to the regional or national findings outlined in this report.

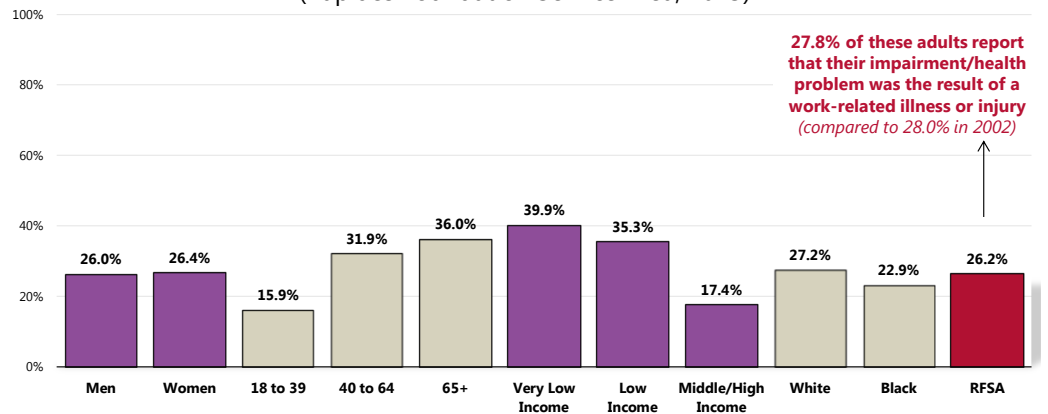
In looking at responses by key demographic characteristics, note the following:

- 👤 Adults age 40 or older are much more often limited in activities.
- 👤 Note also the negative correlation between limitations and household income.
- 👤 White residents are more likely than Black residents to have activity limitations.

A total of 27.8% of adults with activity limitations note that their impairment is due to a work-related illness or injury (similar to the 28.0% reported in 2002).

Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem

(Rapides Foundation Service Area, 2013)

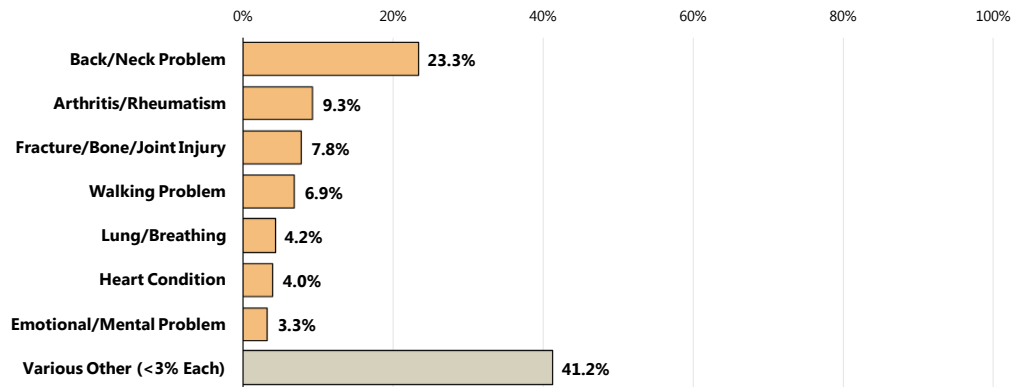


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 118, 120]
 Notes: • Asked of all respondents.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

Among persons reporting activity limitations, these are most often attributed to musculoskeletal issues, such as back/neck problems, arthritis/rheumatism, fractures/joint injuries, or problems walking.

Other problems mentioned with less frequency include lung/breathing problems, heart conditions, and emotional/mental problems.

Type of Problem That Limits Activities
(Among Those Reporting Activity Limitations; RFSA, 2013)



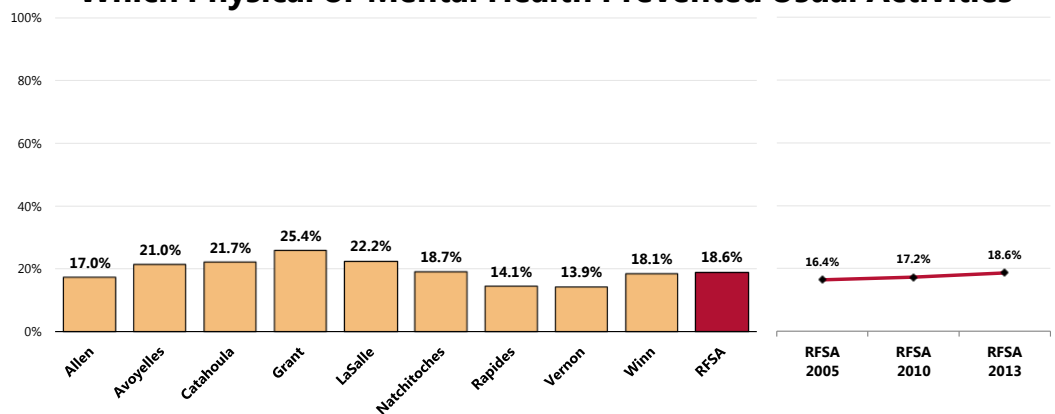
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 119]
Notes: • Asked of those respondents reporting activity limitations.

Days of Limited Activity

While 81.4% of RFSA adults report no days in the past month when poor physical or mental health prevented their usual activities, 18.6% report experiencing four or more such days.

- This prevalence is lowest in Rapides and Vernon parishes; highest in Grant Parish.
- ☒ Marks a significant increase over time.

Experience Four or More Days in the Past Month on Which Physical or Mental Health Prevented Usual Activities

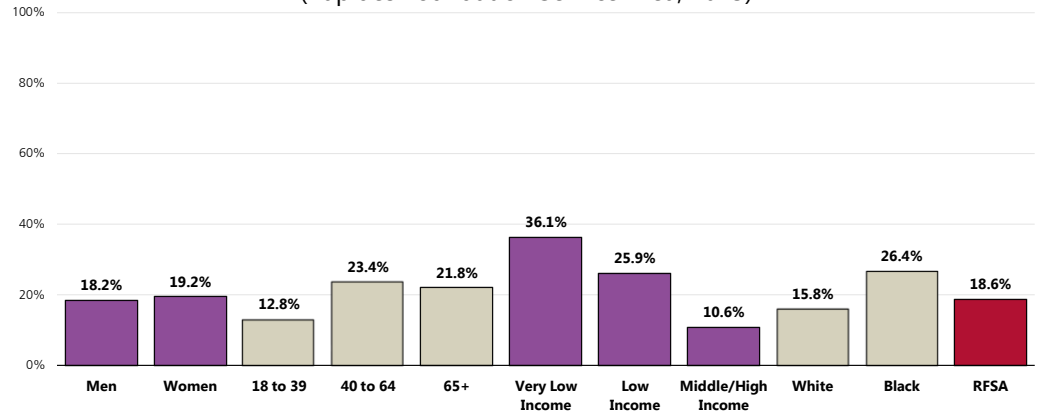


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 8]
Notes: • Asked of all respondents.

Adults more likely to indicate that health limited their usual activities include:

- 👤 Residents age 40 and older.
- 👤 Respondents with lower incomes (note the negative correlation).
- 👤 Blacks.

Experience Four or More Days in the Past Month on Which Poor Physical/Mental Health Prevented Usual Activities (Rapides Foundation Service Area, 2013)



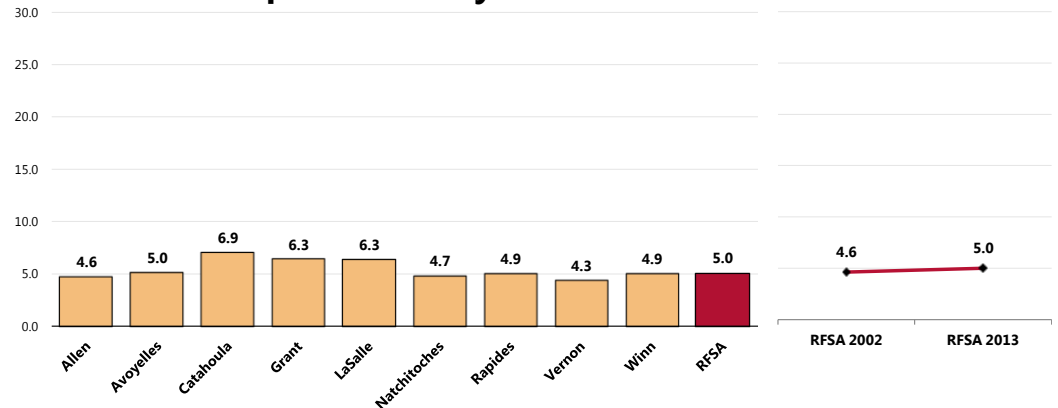
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 8]
Notes: • Asked of all respondents.
• Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

Physical Health

In the past month, RFSa adults averaged 5.0 days on which their physical health was not good.

- The average number of days are highest in Catahoula, Grant, and LaSalle parishes; lowest in Vernon Parish.
- ▣ The current average is up from the 4.6 average reported in 2010.

Average Number of Days in the Past Month on Which Respondents' Physical Health Was Not Good



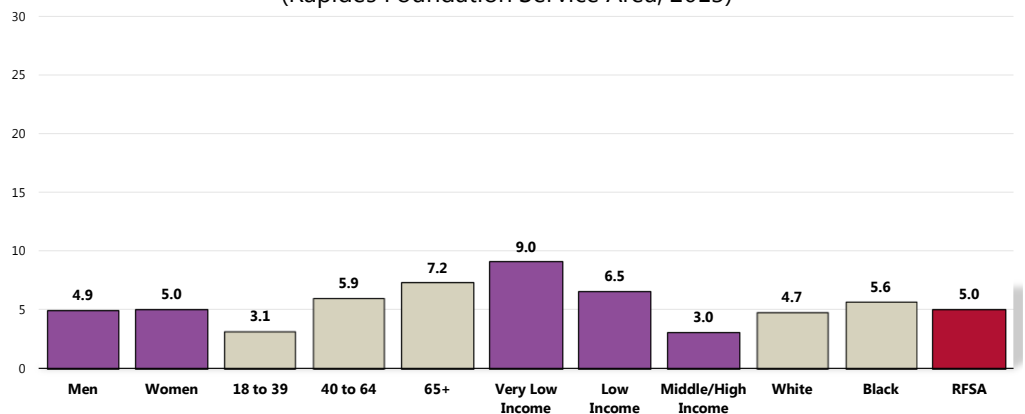
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 6]
 Notes: ● Asked of all respondents.

Adults more likely to report days when physical health was not good include:

- 👥 Residents age 40 and older (positive correlation with age).
- 👥 Residents with lower incomes (negative correlation with income).

Average Number of Days in the Past Month on Which Respondents' Physical Health Was Not Good

(Rapides Foundation Service Area, 2013)



Sources: ● 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]
 Notes: ● Asked of all respondents.
 ● Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

Mental Health & Mental Disorders

Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with adversity. Mental health is indispensable to personal well-being, family and interpersonal relationships, and contribution to community or society. Mental disorders are health conditions that are characterized by alterations in thinking, mood, or behavior (or some combination thereof), which are associated with distress and/or impaired functioning and spawn a host of human problems that may include disability, pain, or death. Mental illness is the term that refers collectively to all diagnosable mental disorders.

Mental disorders generate an immense public health burden of disability. The World Health Organization, in collaboration with the World Bank and Harvard University, has determined that the impact of mental illness on overall health and productivity in the United States and throughout the world often is profoundly underrecognized [Global Burden of Disease study]. In established market economies such as the United States, mental illness is on a par with heart disease and cancer as a cause of disability. Suicide—a major public health problem in the US—occurs most frequently as a consequence of a mental disorder.

Mental disorders occur across the lifespan, affecting persons of all racial and ethnic groups, both genders, and all educational and socioeconomic groups.

As the life expectancy of individuals continues to grow longer, the sheer number—although not necessarily the proportion—of persons experiencing mental disorders of late life will expand. This trend will present society with unprecedented challenges in organizing, financing, and delivering effective preventive and treatment services for mental health.

– Healthy People 2020, 2nd Edition. US Department of Health and Human Services. Washington, DC: US Government Printing Office, November 2000.

Mental Health Status

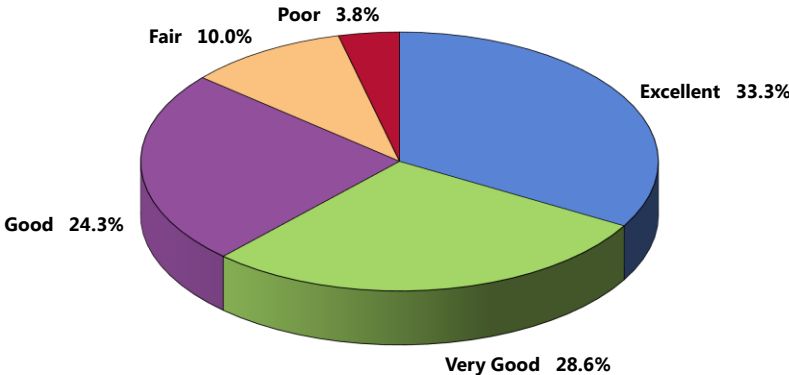
Self-Reported Mental Health Status

A total of 61.9% of RFSA adults rate their overall mental health as “excellent” or “very good.”

- Another 24.3% gave “good” ratings of their own mental health status.

“Now thinking about your mental health, which includes stress, depression and problems with emotions, would you say that, in general, your mental health is: excellent, very good, good, fair or poor?”

Self-Reported Mental Health Status
(Rapides Foundation Service Area, 2013)

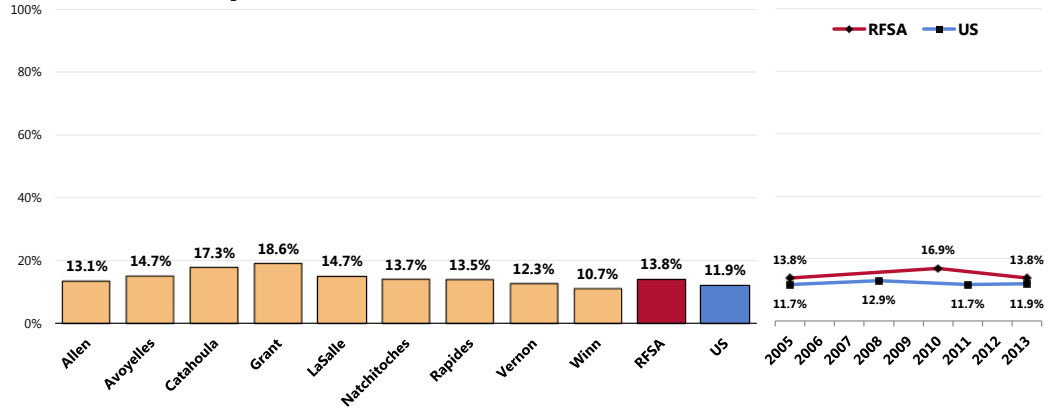


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 111]
Notes: • Asked of all respondents.

A total of 13.8% of RFSA adults believe that their overall mental health is “fair” or “poor.”

- Comparable to the “fair/poor” percentage reported across the nation.
- Unfavorably high in Grant Parish.
- Statistically similar to baseline 2005 findings (although lower than 2010 findings).

Experience “Fair” or “Poor” Mental Health



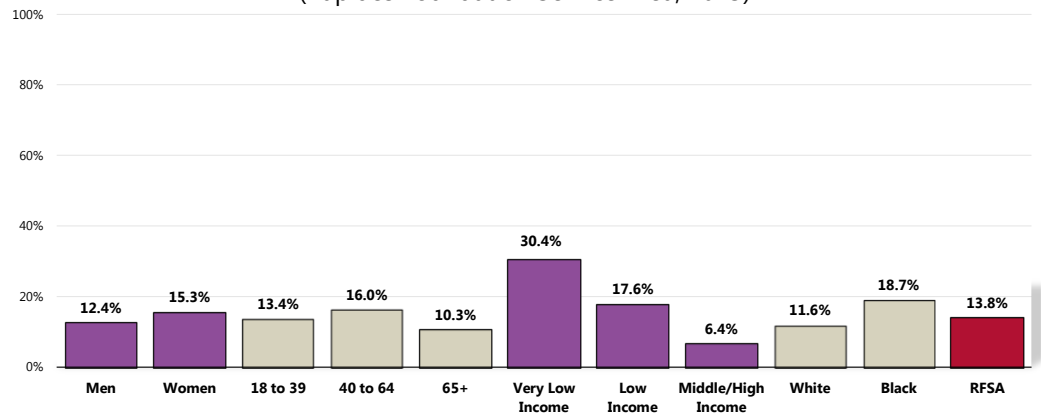
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 111]
 • 2013 PRC National Health Survey, Professional Research Consultants.
 Notes: • Asked of all respondents.

Adults more likely to report experiencing “fair” or “poor” mental health include:

- Women.
- Residents age 40 to 64.
- Residents at lower incomes (note the strong negative correlation with income).
- Blacks.

Experience “Fair” or “Poor” Mental Health

(Rapides Foundation Service Area, 2013)



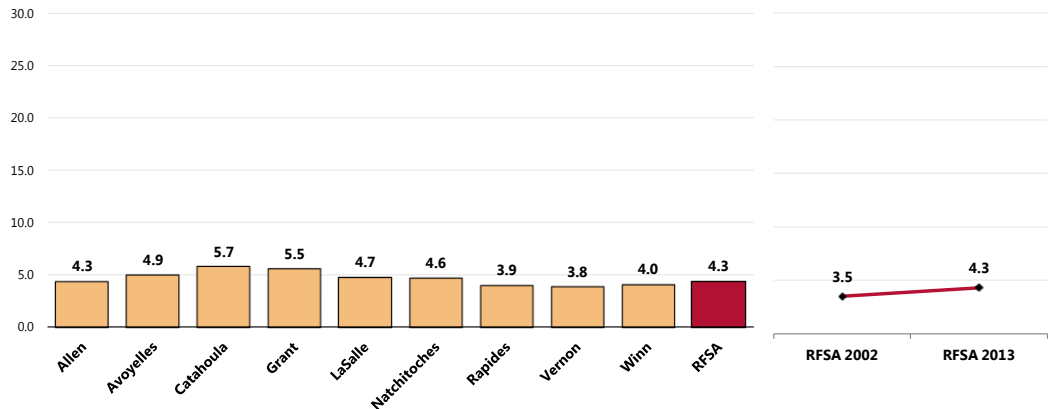
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 111]
 Notes: • Asked of all respondents.
 • Income categories reflect respondent’s household income as a ratio to the federal poverty level for their household size: very low income* = below poverty; “low income” = 100% to 200% of poverty; “middle/high income” = over 200% of poverty.

Days of Poor Mental Health

In the past month, RFSA residents averaged 4.3 days on which their mental health was not good.

- The average number of days are highest in Catahoula and Grant parishes; lowest in Rapides and Vernon parishes.
- ☒ The current average is up from the 3.5 average reported in 2010.

Average Number of Days in the Past Month on Which Respondents' Mental Health Was Not Good

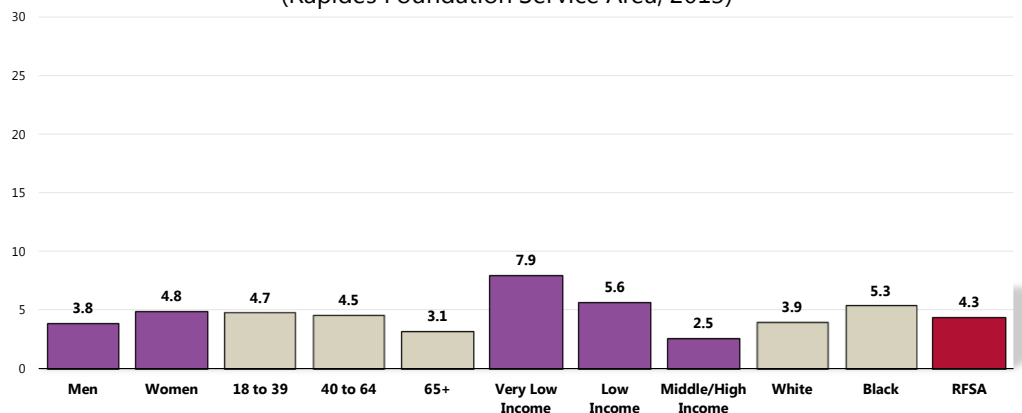


Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 7]
Notes: ● Asked of all respondents.

Adults more likely to report days when mental health was not good include:

- ☒ Women.
- ☒ Residents under age 65.
- ☒ Respondents with lower incomes (note the strong negative correlation).
- ☒ Blacks.

Average Number of Days in the Past Month on Which Respondents' Mental Health Was Not Good (Rapides Foundation Service Area, 2013)



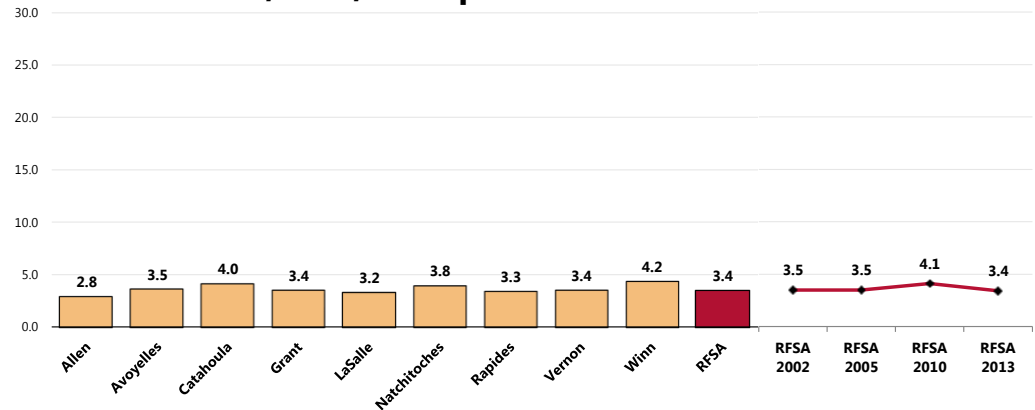
Sources: ● 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 7]
Notes: ● Asked of all respondents.
● Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

Days of Feeling Sad, Blue or Depressed

RFSA adults average 3.4 days per month when they felt sad, blue, or depressed.

- Ranging from 2.8 days in Allen Parish to 4.2 in Winn Parish.
- ▨ Similar to most prior survey findings (although down slightly from 2010).

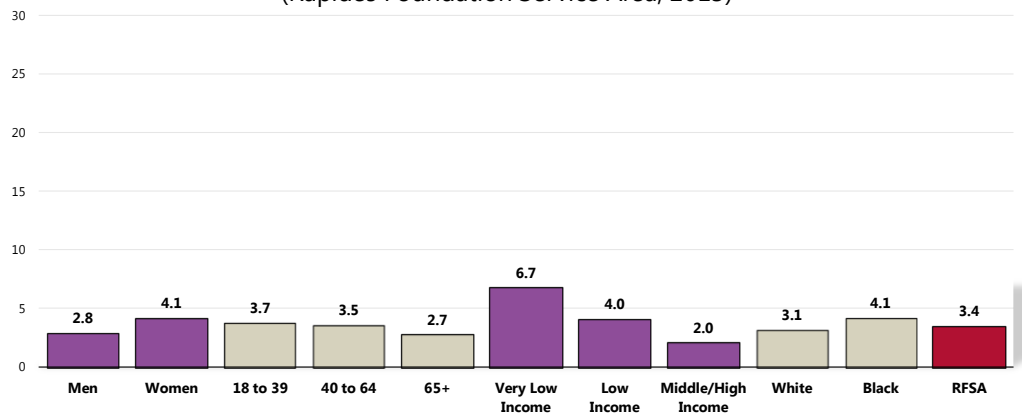
Average Number of Days Felt Sad, Blue, or Depressed in Past Month



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 114]
 Notes: ● Asked of all respondents.

- 👤 Note in the following chart the negative correlations with age and income.
- 👤 Averages are also higher among women and Black residents of the RFSA.

Average Number of Days Felt Sad, Blue, or Depressed in Past Month (Rapides Foundation Service Area, 2013)



Sources: ● 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 114]
 Notes: ● Asked of all respondents.
 ● Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

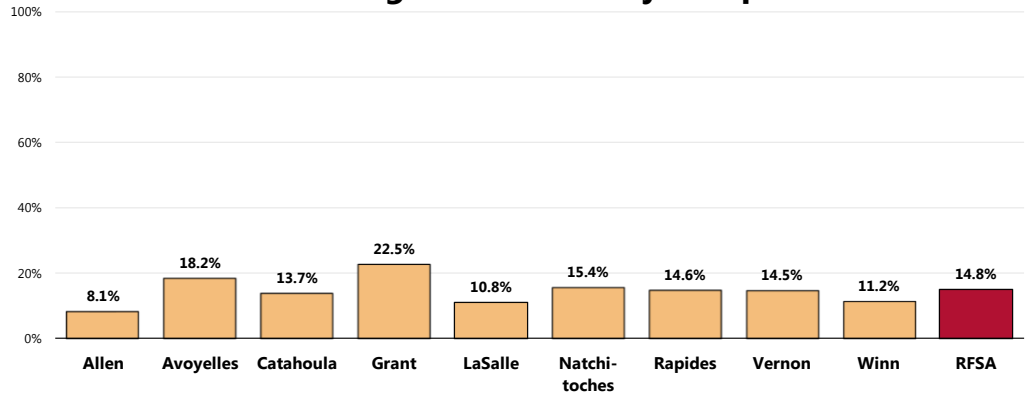
Depression

Diagnosed Major Depression

A total of 14.8% of RFSA adults report having been diagnosed with major depression by a physician at some point in their lives.

- Highest in Grant Parish; lowest in Allen, LaSalle, and Winn parishes.

Have Been Diagnosed With Major Depression

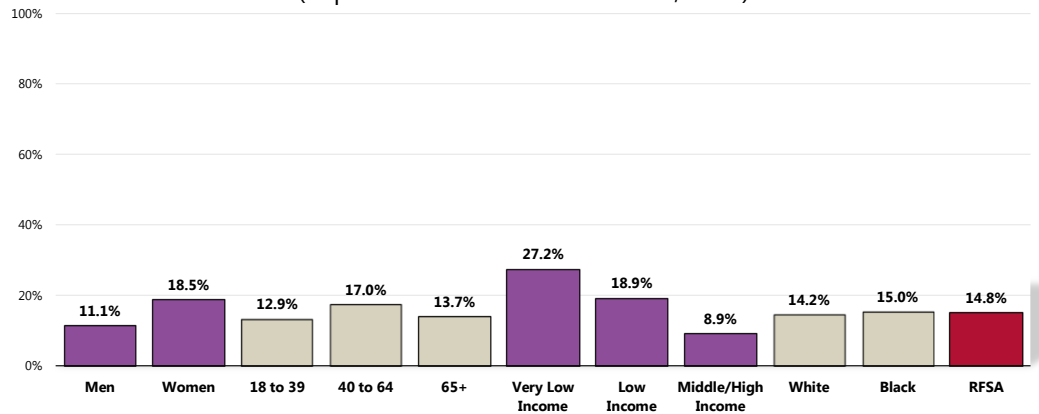


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 112]
 Notes: • Asked of all respondents.

Note that the prevalence of diagnosed major depression is notably higher among:

- Women.
- Adults between the ages of 40 and 64.
- Community members living at lower income levels (note the negative correlation).

Have Been Diagnosed With Major Depression (Rapides Foundation Service Area, 2013)



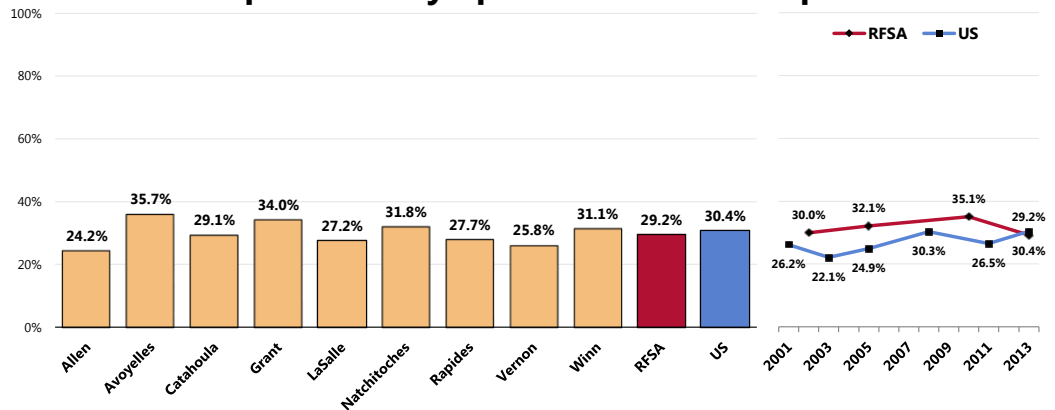
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 112]
 Notes: • Asked of all respondents.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

Symptoms of Chronic Depression

A total of 29.2% of RFSA adults have had two or more years in their lives when they felt depressed or sad on most days, although they may have felt okay sometimes.

- Comparable to national findings.
- Highest in Avoyelles and Grant parishes; lowest in Allen Parish.
- ☒ Statistically unchanged from 2002 survey findings (although down from 2010 findings).

Have Experienced Symptoms of Chronic Depression



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 113]
 • 2013 PRC National Health Survey, Professional Research Consultants.

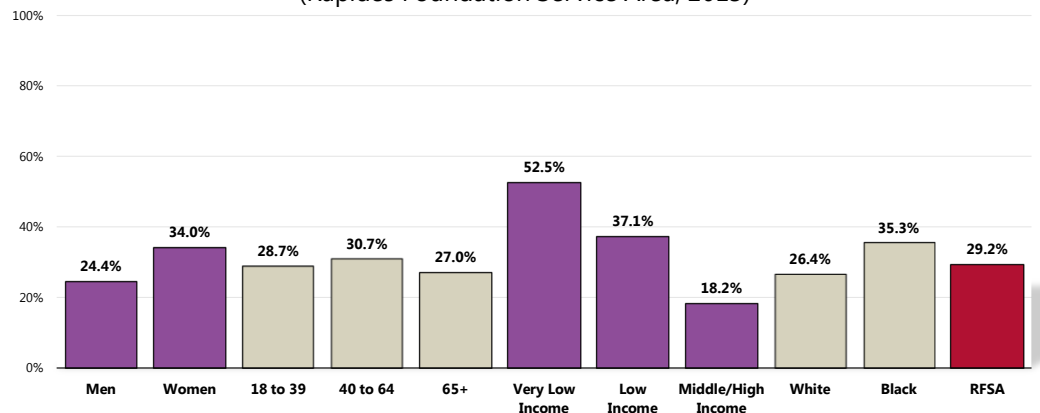
Notes: • Asked of all respondents.

Note that the prevalence of chronic depression is notably higher among:

- ☺ Women.
- ☺ Adults between the ages of 40 and 64.
- ☺ Community members living at lower income levels (note the negative correlation).
- ☺ Blacks.

Have Experienced Symptoms of Chronic Depression

(Rapides Foundation Service Area, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 113]

Notes: • Asked of all respondents.

• Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income* = below poverty; *low income* = 100% to 200% of poverty; *middle/high income* = over 200% of poverty.

Mental Health Treatment

Modern treatments for mental disorders are highly effective, with a variety of treatment options available for most disorders, [however], the majority of persons with mental disorders do not receive mental health services.

Evidence that mental disorders are legitimate and highly responsive to appropriate treatment promises to be a potent antidote to stigma. Stigma creates barriers to providing and receiving competent and effective mental health treatment and can lead to inappropriate treatment, unemployment, and homelessness.

The co-occurrence of addictive disorders among persons with mental disorders is gaining increasing attention from mental health professionals. Having both mental and addictive disorders is a particularly significant clinical treatment issue, complicating treatment for each disorder.

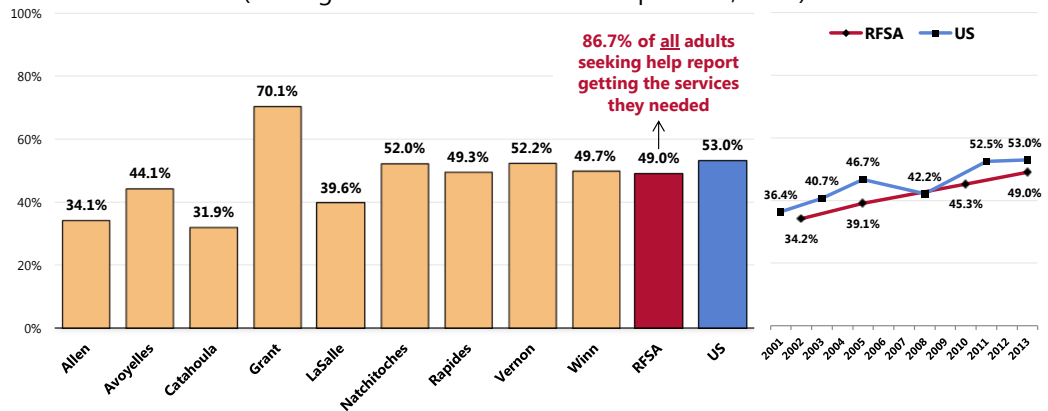
– Healthy People 2020, 2nd Edition. US Department of Health and Human Services. Washington, DC: US Government Printing Office, November 2000.

Seeking Help

Among adults with chronic depression, 49.0% acknowledge that they have sought professional help for a mental or emotional problem.

- Similar to corresponding national findings.
- Notably high in Grant Parish; lowest in Allen and Catahoula parishes.
- ☒ Note the statistically significant increase in the percentage of RFSA adults with chronic depression who sought professional help in the past year.

Have Sought Professional Help for a Mental or Emotional Problem (Among Residents With Chronic Depression, 2013)



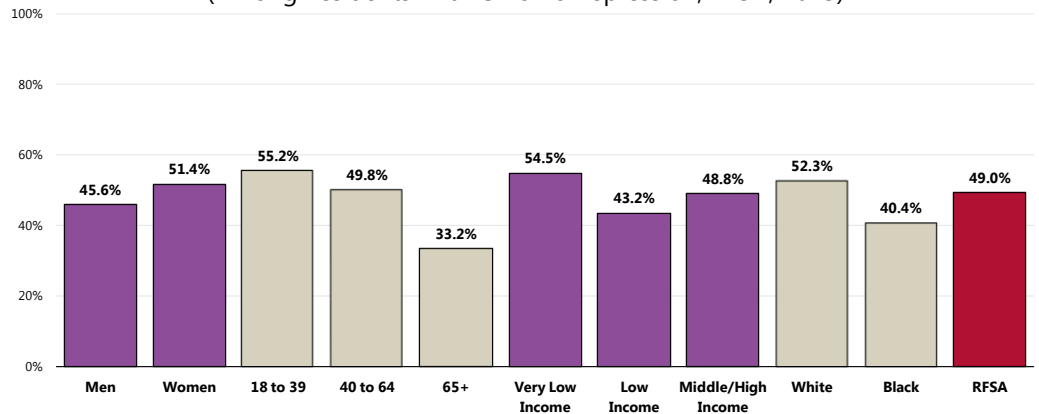
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 115-116]
 • 2013 PRC National Health Survey, Professional Research Consultants.

Notes: • Asked of those respondents who have experienced chronic depression.

Among residents with chronic depression, the following populations are less likely to have sought professional help:

- 👥 Seniors.
- 👥 Respondents with low incomes.
- 👥 Black residents.

Have Sought Professional Help for a Mental or Emotional Problem (Among Residents With Chronic Depression; RFSA, 2013)

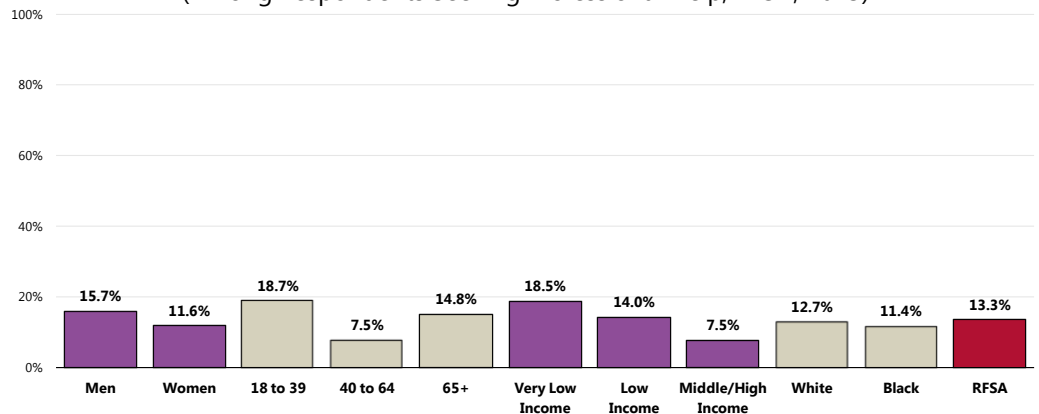


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 115]
 Notes: • Asked of those respondents who have experienced symptoms of chronic depression.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

Of those respondents who sought professional help, these segments were less likely to get the services they needed:

- 👥 Men.
- 👥 Young adults and seniors.
- 👥 Respondents with low and very-low incomes (note the negative correlation with income).

Unable to Obtain Mental Health Services When Needed (Among Respondents Seeking Professional Help; RFSA, 2013)



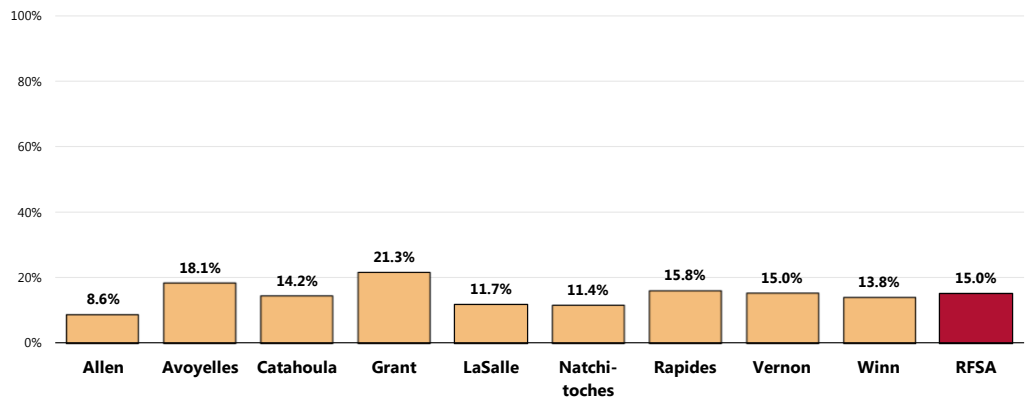
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 116]
 Notes: • Asked of respondents seeking help for mental or emotional health.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

Taking Medication and/or Receiving Treatment

A total of 15.0% of RFSA adults are currently taking medication or receiving treatment from a doctor or other health professional for some type of mental health condition or emotional problem.

- Highest in Avoyelles and Grant parishes; lowest among residents of Allen, LaSalle, and Natchitoches parishes.

Currently Taking Medication or Receiving Treatment for a Mental Health Condition or Emotional Problem

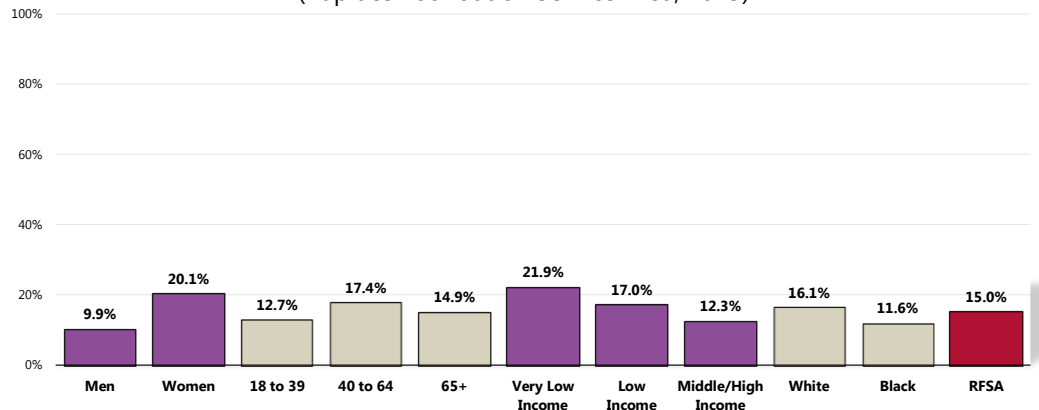


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 117]
Notes: • Asked of all respondents.

Note that mental health treatment is more common among:

- Women.
- Adults age 40 to 64.
- Lower income residents.
- Whites.

Currently Taking Medication or Receiving Treatment for a Mental Health Condition or Emotional Problem (Rapides Foundation Service Area, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 117]
Notes: • Asked of all respondents.
• Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

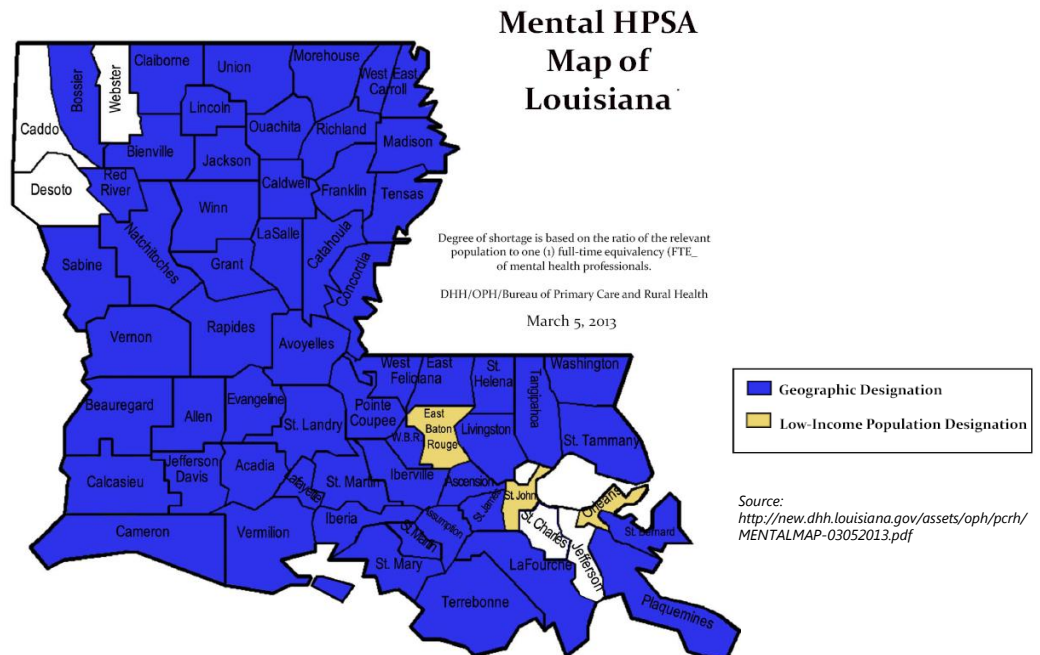
Health Professional Shortage Areas: Mental Health Care

Mental Health designations are approved by the federal Office of Shortage Designation (OSD) in the Health Resources and Services Administration (HRSA). Louisiana's Bureau of Primary Care and Rural Health (BPCRHR) looks at the number of Psychiatrists only to calculate an area's mental health ratio. A ratio of 30,000:1 is required. The ratio for High Needs is 20,000:1.

For each of the three HPSA Designation types, there are three sub-categories, which include:

- **Geographic designations**—these take into account the entire population of the requested area to all available psychiatrists.
- **Population Group designations**—these are special groups. The most common of these are Low Income and Medicaid-Eligible designations. Low income designations use a ratio built upon the low income population of the area and the physicians providing services to this population. Medicaid-eligible designations are based on the number of Medicaid-eligible people and the physicians that accept Medicaid.
- **Facility designations**—these look at a facility's outpatient census, waiting times, patients' residences and in-house faculty to evaluate a facility's designation eligibility.

In the Rapides Foundation Service Area, each of the nine parishes is a geographically designated HPSAs for mental health.



Related Focus Group Findings: Mental Health

Focus group members discussed the fragmented mental health system and the limited services available to residents, with focus on:

- Co-occurring substance abuse
- Inadequate number of psychiatrists and treatment facilities
- Emergency rooms
- Outpatient mental health clinics
- Wait times
- Stigma
- Psychiatric services for youth
- Suicide

During the focus groups, issues surrounding mental health services arose several times. Participants worry because many who suffer from mental illness have **co-occurring substance abuse** issues; these individuals self-medicate with drugs or alcohol. In addition, ill residents may not comply with medication or treatment plans. A participant recalls a recent experience with a mentally ill client:

"I see a lot of clients that they have the mental health diagnosis and they really need to be on the medication, but they get to feeling better so they don't stay on the medication. And this one lady in particular needs more treatment and she will not take her medication and she doesn't – and I've talked to several case managers about her and it seems the only option is to have her PEC'd, but that's only going to take care of her for those few days and then after that she's back on the streets, homeless and not taking her medication." — Rapides Parish Community Leader/Social Service Representative

The families of mentally ill residents are also affected by the illness. Participants believe that the community needs more support groups like the National Alliance on Mental Illness (NAMI). An attendee explains the value of these groups:

"I am an advocate of support groups. I was in the Dallas area for about 20 years. And I went to support groups. Support group can even be at your church. I went to learn the tools to help that family member. So we don't even have support groups here. There are tools they can teach you that will help you address these people with the problems so you won't confront them or go after them in the wrong way." — Grant Parish Key Informant

Overall, the community suffers due to an **inadequate number of psychiatrists, counselors, and treatment facilities** available to address residents' behavioral health needs, even for those with insurance. In Allen Parish, a local church provides a sliding-fee scale counselor one day a week. In Winn Parish, a 19-bed inpatient facility for residents 50 years of age or older operates and serves that parish and surrounding areas. Winn Parish also received a two-year telepsychiatry grant, but remains unsure how to fund the program, as a participant explains:

"We got a grant through The Rapides Foundation to put in telepsych. They're hooking us up with a psychiatrist out of Tulane, and that's a two-year program. We're just six months into it, gearing up toward it with our LCSW. But in the state of Louisiana, when you do telemedicine, the host site, which would be our clinic, is not reimbursed anything. So the psychiatrist on the other end

will be making his money and my staff will be working for nothing. So I mean it gets to be a point of – other than doing the patient a service, you still have to be able to pay for your operation in order to provide that service.” — Winn Parish Key Informant

In other communities, primary care doctors must fill this gap and treat the community members suffering with mental illness.

“We don’t have enough psychiatrists. We don’t have enough mental health facility for people who really need it. We don’t have on-going treatment availability. I mean, my perception is that the primary care doctors do most of the treatment of those patients. And, largely it’s fine. It’s adequate, but sometimes you need somebody with a little higher level. It’s just not readily available to them.” — LaSalle Parish Key Informant

There are only a limited number of inpatient beds for mentally ill patients, so people end up waiting in the **emergency room** for days, as a participant recalls:

“It’s the most frustrating thing in the world when you have a real patient and I can give you their birth date and name and address because I’ve seen them so many times, but the ones that we don’t see all the time who are truly suicidal and truly need help and I can’t find a bed, it’s the most frustrating thing in the world for me.” — Rapides Parish Healthcare Professional

Participants feel strongly that the emergency room is not an appropriate place for mentally ill patients. Emergency rooms do not provide treatment for the patient and if a resident does not possess health insurance, an inpatient bed may be impossible to locate. A physician describes his frustrations:

“We’ve been stripped of the mental hospitals in Central Louisiana and I have to send my patients to the emergency room and they are not mental health facilities, so if I just send them to the Holiday Inn Select for three days, give them a newspaper, a Coke, and a sandwich, they’d do about as well.” — Avoyelles Parish Key Informant

“They’re actually putting them in the hall in cots until they can be seen and evaluated and possibly placed. The odds of getting them placed are very slim and what happens is they go back into the community, they offend, and they end up in jail.” — Community Health Needs Assessment Advisory Committee Member

Other healthcare organization express frustration because if a patient receives an involuntary psychiatric hold the hospital must keep them for several weeks, but at times no psychiatric treatment is given, as an attendee explains:

“We’re stuck with them for 16 days. And so we babysit this patient for 16 days and then act like they’re all better at the end of basically 2 weeks. They’ve had no mental health at all other than laying in a bed watching TV and eating meals. So it’s a definite concern of ours.” — Winn Parish Key Informant

Participants agree that not enough residential services for behavioral health exist in the community (attendees could not recall any group homes or housing options), so very ill patients return to the community.

Outpatient mental health clinics are scattered throughout the communities, but continuity of care suffers due to staff turnover. In Catahoula Parish the Mental Health Center is not well received. A key informant describes the clinic’s negative perception:

"They don't ever do anything. The actual – I'm not talking with the patient, I'm talking about the actual mental health place. They don't actually ever make an appointment or nobody ever goes. They never go back. Basically you get the \$4.00 drug at Wal-Mart. They get some medicines. There's no counseling." — Catahoula Parish Key Informant

The mental health clinic in Vernon Parish does not accept any diagnosis and residents have issues with that clinic as well:

"The mental health system? What does that look like? We have a mental health clinic next door and they're open what, three days a week? A counselor certified social worker may come over once a week. They say that they don't send more because there's not enough clients. The clients say that they don't seek the services because they come so infrequently." — Vernon Parish Key Informant

Limited transportation options also affect a person's ability to acquire mental healthcare. For those residents who can access behavioral healthcare services, the **wait times** before appointments exceed several weeks. The current mental health system's waiting periods may cause patients to have inconsistent or poorly timed care, increasing the likelihood of needing a hospitalization:

"I get a call from a family member who says someone has a gun to their head, they call the police. The police bring him into Huey P. Long, once again Huey P. Long; and they could be there for days. Not just hours, I'm talking about literally several nights in the emergency room. So it's kind of like a domino effect. You know if I could have gotten this person into a psychiatrist, maybe a couple weeks before that happened, maybe they wouldn't go into the emergency room." — Rapides Parish Community Leader/Social Service Representative

Participants also believe that **stigma** impacts residents' willingness to access behavioral healthcare. The small size of the community means that gossip travels fast, and mental illness is not seen as a medical condition, as a participant explains:

"It's not okay to say, you know I can break a bone and go to the doctor, but if something is broken in my psyche I'm supposed to just pray about it and get up and go on." — Grant Parish Key Informant

Psychiatric services for youth also experience high demand, but few resources exist for the community's adolescent population. In Catahoula, Grant and Winn parishes, attendees feel that **suicide** affects their young population, but no screening, or prevention services exist at this time.

"There's no funding now for mental and behavioral health. We have a high rate per capita for suicide, depression. Working on a grant application to put a clinic in Grant Parish right now and I was surprised. Their suicide rate is double ours, and ours is higher than what it ought to be. So I don't know how 20 miles, 30 miles makes a difference." — Winn Parish Key Informant

Magellan (the new behavioral healthcare system) has created more resources for children, including a crisis team, but due to low reimbursement rates a limited number of providers will accept the young patients. In conjunction with Christus St. Frances Cabrini, Avoyelles Parish schools provide psychiatric services on campus and participants would like mental health counselors in the schools to address the young people's needs.

Youth Focus Group Findings:

Youth key informants also have concern about the amount of **bullying** that occurs amongst their age group. Participants describe that these actions impact a young person's emotional wellbeing. Attendees do not think that the school knows how to deal with bullying, as evidenced by the school's lack of involvement when an issue arises:

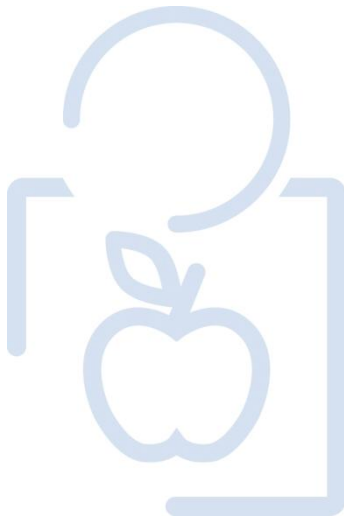
"The problem with schools is that they always say don't bully people, but somebody came to the principal at ASH (Alexandria Senior High). They told him they were being bullied. The principal didn't do anything about it until they started fighting. So I think they should do something when they are told." — Youth Focus Group Participant

"It doesn't do anything when you go to a counselor. They're like, 'Oh, you'll be okay,' and this and that, and it never really works out at the end." — Youth Focus Group Participant

Participants agree that if a friend told them they were thinking of hurting themselves, they would not tell anyone because *"then they'll definitely do it."* The attendees knew of a teen suicide line, but did not think that medium would be helpful, as a one participant explains:

"There is a teen suicide line. But I mean you don't really hear about it around here. It's like on some sites that you see, like Twitter. It's something that you see it, but you don't think it really does anything. Like how's a random person on the phone going to help, if you can't see anybody in person?" — Youth Focus Group Participant

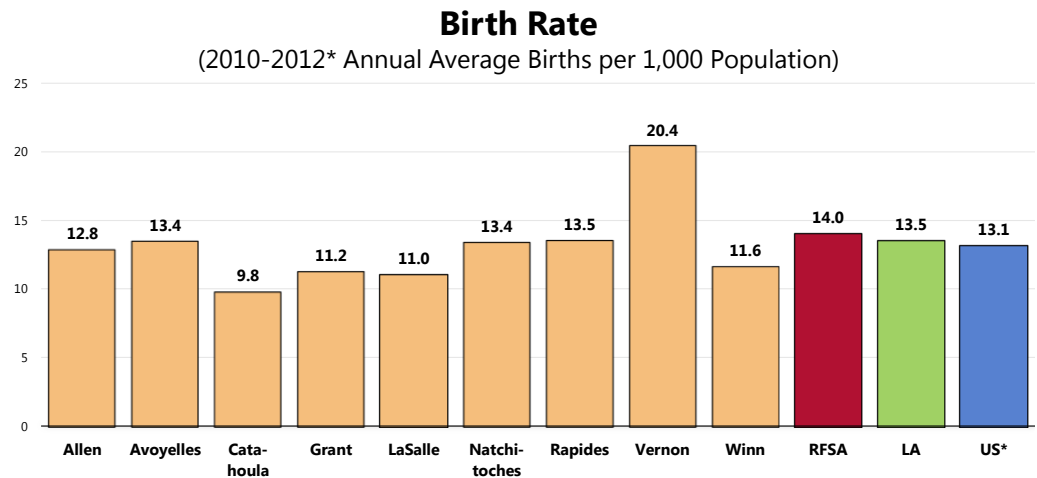
BIRTHS



Birth Rates

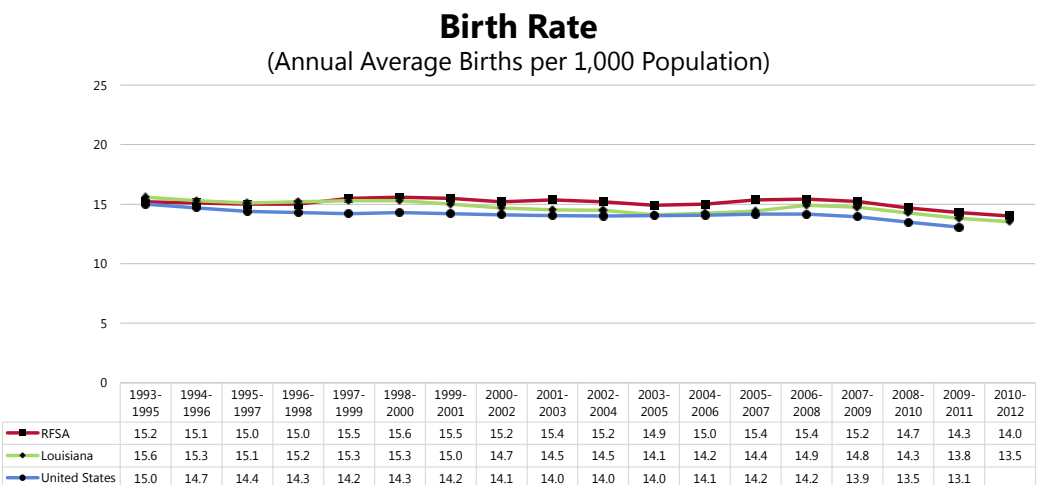
Between 2010 and 2012, the RFSA experienced 14.0 births per 1,000 population.

- Higher than the rate reported statewide.
- Higher than the national birth rate (which reflects 2009-2011 data).
- Ranging from 9.8 in Catahoula Parish to a high 20.4 in Vernon Parish.



Sources: • Louisiana State Center for Health Statistics and Louisiana Center for Records and Statistics.
 • Centers for Disease Control and Prevention, National Vital Statistics System.
 Notes: • Rates are births per 1,000 population.
 • Regional and statewide data for 2012 represent preliminary data.
 • *US rate represents 2009-2011 data.

☒ The RFSA birth rate has decreased somewhat over time, similar to state and national trends.



Sources: • Louisiana State Center for Health Statistics and Louisiana Center for Records and Statistics.
 • Centers for Disease Control and Prevention, National Vital Statistics System.
 Notes: • Rates are births per 1,000 population.
 • Regional and statewide data for 2012 represent preliminary data.

Prenatal Care

Many risk factors can be mitigated or prevented with good pre-conception and prenatal care. Prenatal visits offer an opportunity to provide information about the adverse effects of substance use, including alcohol and tobacco during pregnancy, and serve as a vehicle for referrals to treatment services. The use of timely, high-quality prenatal care can help to prevent poor birth outcomes and improve maternal health by identifying women who are at particularly high risk and taking steps to mitigate risks, such as the risk of high blood pressure or other maternal complications.

African American and Hispanic women also are less likely than Whites to enter prenatal care early. For both African American and White women, the proportion entering prenatal care in the first trimester rises with maternal age until the late thirties, then begins to decline ... Women in certain racial and ethnic groups also are less likely than White women to breastfeed their infants..

– Healthy People 2020, 2nd Edition. US Department of Health and Human Services. Washington, DC: US Government Printing Office, November 2000.

Between 2007 and 2009, 12.2% of RFSA births did not receive early and adequate prenatal care.

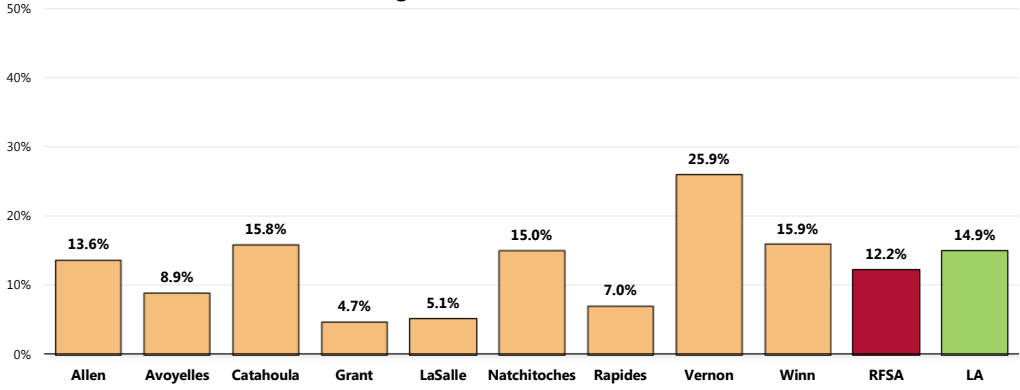
- More favorable than the Louisiana proportion.
- Women in Catahoula, Natchitoches, Vernon, and Winn parishes are notably more likely to go without early and adequate prenatal care.

Early and continuous prenatal care is the best assurance of infant health.

Here, the Kotelchuck Index is used to measure early and adequate prenatal care. "Early and Adequate Prenatal Care" means that prenatal care began in month 1, 2, 3, or 4 of pregnancy, and that 80% or more of expected prenatal care visits were received.

Mothers Not Receiving Early and Adequate Prenatal Care

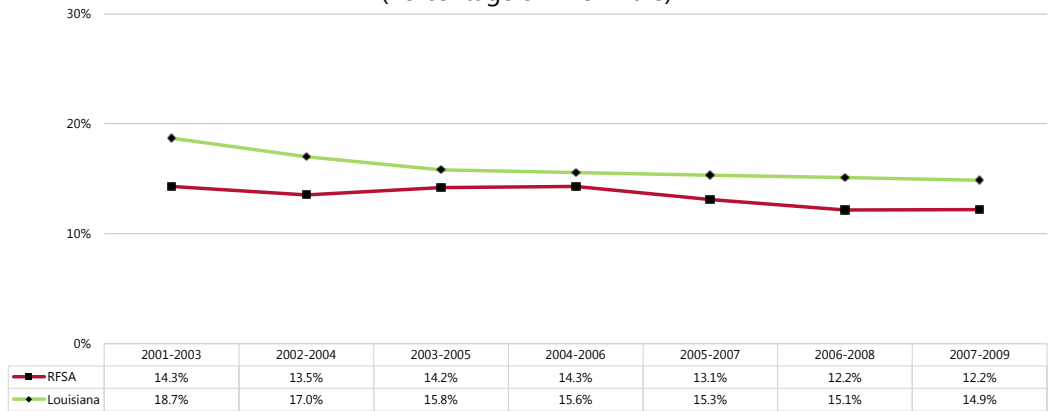
(Percentage of Live Births, 2007-2009)



Sources: • Agenda for Children and KIDS COUNT Data Center: <http://datacenter.kidscount.org>.
 Note: • Represents the percentage of all live births within each population who did not receive early and adequate prenatal care.
 • The Kotelchuck Index is used to measure early and adequate prenatal care. "Early and Adequate Prenatal Care" means that prenatal care began in month 1, 2, 3, or 4 of pregnancy, and that 80% or more of expected prenatal care visits were received.

- Receipt of early and adequate prenatal care in the RFSA has improved slightly over time, echoing the statewide trend.

Mothers Not Receiving Early and Adequate Prenatal Care (Percentage of Live Births)



Sources:

- Agenda for Children and KIDS COUNT Data Center: <http://datacenter.kidscount.org>.

 Note:

- Numbers are a percentage of all live births within each population.
- The Kotelchuck Index is used to measure early and adequate prenatal care. "Early and Adequate Prenatal Care" means that prenatal care began in month 1, 2, 3, or 4 of pregnancy, and that 80% or more of expected prenatal care visits were received.

Birth Outcomes & Risks

The health of mothers, infants, and children is of critical importance, both as a reflection of the current health status of a large segment of the US population and as a predictor of the health of the next generation ... Infant mortality is an important measure of a nation's health and a worldwide indicator of health status and social well-being. As of 1995, the US infant mortality rates ranked 25th among industrialized nations. In the past decade, critical measures of increased risk of infant death, such as new cases of low birth weight (LBW) and very low birth weight (VLBW), actually have increased in the United States. In addition, the disparity in infant mortality rates between Whites and specific racial and ethnic groups (especially African Americans, American Indians or Alaska Natives, Native Hawaiians, and Puerto Ricans) persists. Although the overall infant mortality rate has reached record low levels, the rate for African Americans remains twice that of Whites.

LBW is associated with long-term disabilities, such as cerebral palsy, autism, mental retardation, vision and hearing impairments, and other developmental disabilities ... The general category of LBW infants includes both those born too early (preterm infants) and those who are born at full term but who are too small, a condition known as intrauterine growth retardation (IUGR). Maternal characteristics that are risk factors associated with IUGR include maternal LBW, prior LBW birth history, low prepregnancy weight, cigarette smoking, multiple births, and low pregnancy weight gain. Cigarette smoking is the greatest known risk factor.

- Healthy People 2020, 2nd Edition. US Department of Health and Human Services. Washington, DC: US Government Printing Office, November 2000.

Low-Weight Births

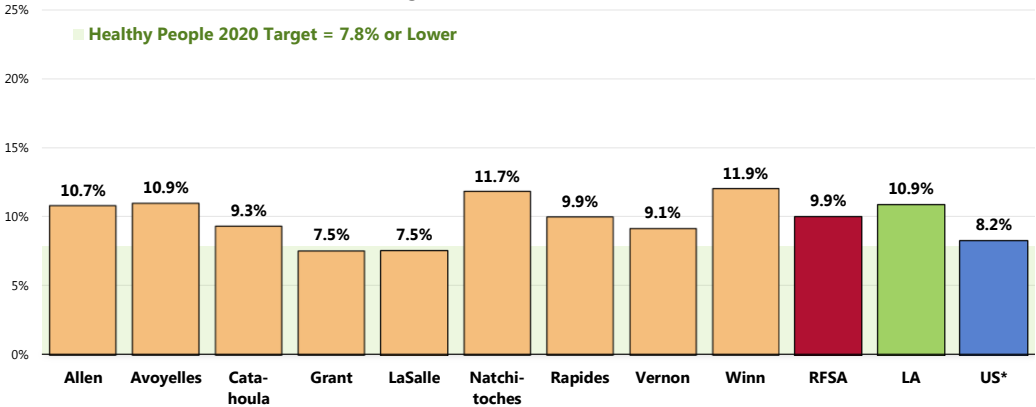
Low birthweight babies, those who weigh less than 2,500 grams (5 pounds, 8 ounces) at birth, are much more prone to illness and neonatal death than are babies of normal birthweight.

Largely a result of receiving poor or inadequate prenatal care, many low-weight births and the consequent health problems are preventable.

A total of 9.9% of 2010-2012 RFSA births were low weight.

- More favorable than the Louisiana proportion.
- Less favorable than the national proportion (which reflects 2009-2011 data).
- Fails to satisfy the Healthy People 2020 target.
- Low-weight births are more prevalent in Allen, Avoyelles, Natchitoches, and Winn parishes.

Low-Weight Births
(Percentage of Live Births, 2010-2012*)

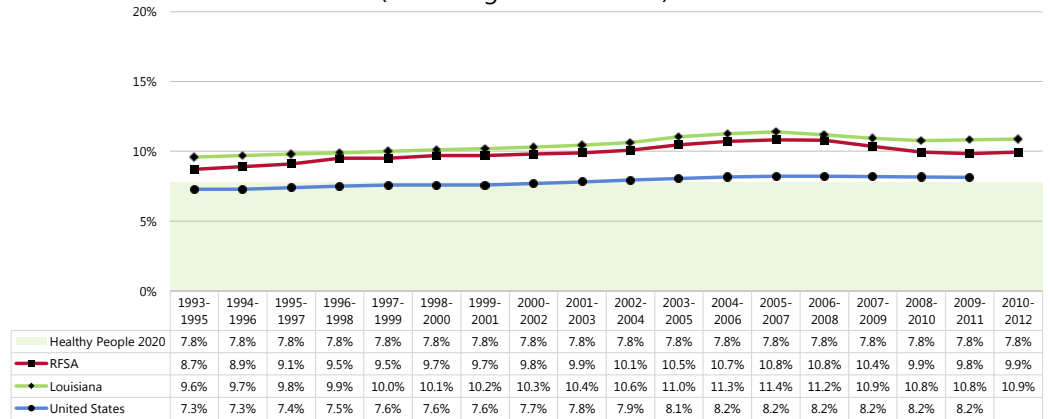


Sources: • Louisiana State Center for Health Statistics and Louisiana Center for Records and Statistics.
 • Centers for Disease Control and Prevention, National Vital Statistics System.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-8.1]

Note: • Numbers are a percentage of all live births within each population.
 • Regional and statewide data for 2012 represent preliminary data.
 • *US rate represents 2009-2011 data.

☒ This proportion has increased in the RFSA in recent years; the same can be said for both Louisiana and the US.

Low-Weight Births (Percentage of Live Births)



Sources: • Louisiana State Center for Health Statistics and Louisiana Center for Records and Statistics.
 • Centers for Disease Control and Prevention, National Vital Statistics System.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-8.1]
 Note: • Numbers are a percentage of all live births within each population.
 • Regional and statewide data for 2012 represent preliminary data.

Infant Mortality

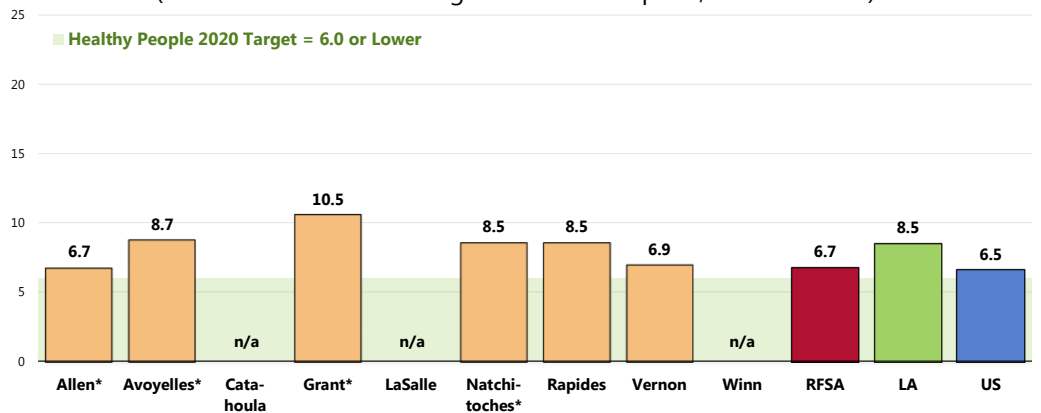
Infant mortality rates reflect deaths of children less than one year old per 1,000 live births.

Between 2008 and 2010, there was an annual average of 6.7 infant deaths per 1,000 live births.

- More favorable than the state rate.
- Comparable to the national rate.
- Fails to satisfy the Healthy People 2020 goal.
- Particularly high in Grant Parish.

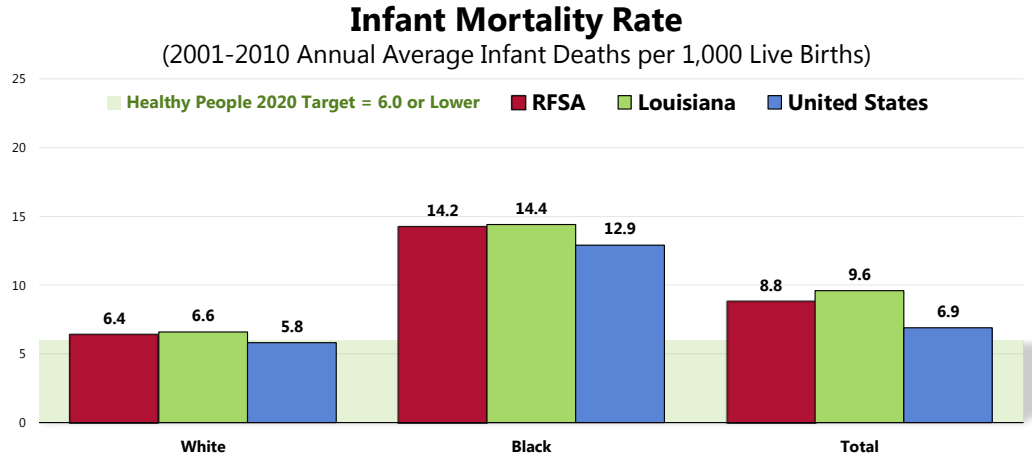
Infant Mortality Rate

(2008-2010* Annual Average Infant Deaths per 1,000 Live Births)



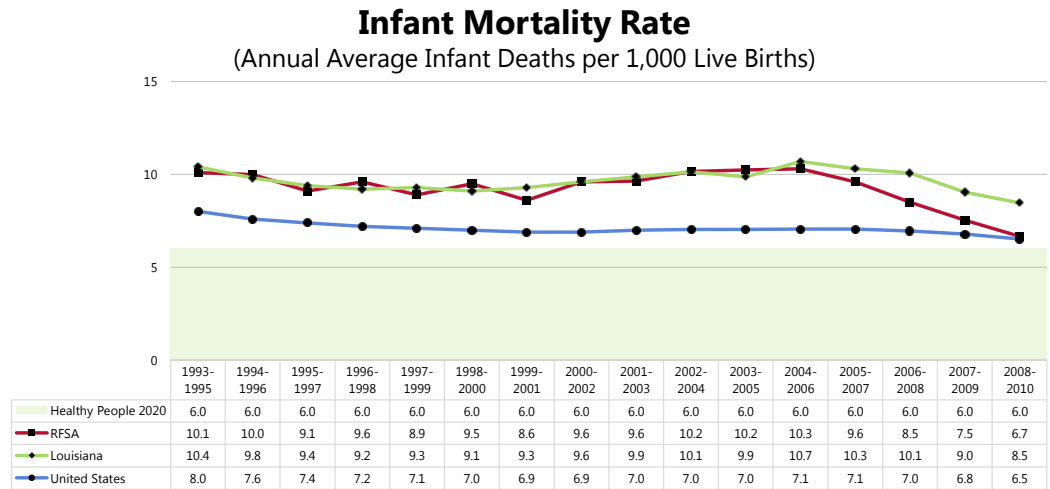
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
 • Centers for Disease Control and Prevention, National Center for Health Statistics.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-1.3]
 Notes: • Rates are three-year averages of deaths of children under 1 year old per 1,000 live births.
 • * Due to low numbers of deaths: the rates for Allen and Grant parishes represent 2001-2010 data; rates for Avoyelles and Natchitoches parishes represent 2006-2010 data. Catahoula, LaSalle and Winn parish rates are not available.
 • NOTE: 2006-2008 deaths for Allen Parish are underreported due to problems registering deaths with the Louisiana Vital Statistics Office.

Infant mortality is more than twice as high among Blacks as among Whites in the RFSA.



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-1.3]
 Notes: • Rates are 10-year averages of deaths of children under 1 year old per 1,000 live births.
 • NOTE: 2006-2008 deaths for Allen Parish are underreported due to problems registering deaths with the Louisiana Vital Statistics Office.

The RFSA infant mortality rate has decreased considerably over time.



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
 • Centers for Disease Control and Prevention, National Center for Health Statistics.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-1.3]
 Notes: • Rates are three-year averages of deaths of children under 1 year old per 1,000 live births.
 • NOTE: 2006-2008 deaths for Allen Parish are underreported due to problems registering deaths with the Louisiana Vital Statistics Office.

Neonatal Mortality

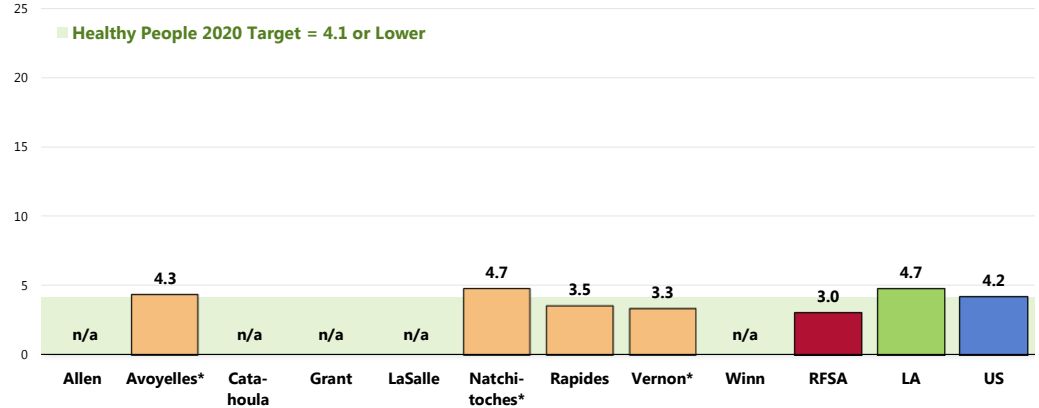
Neonatal mortality rates reflect deaths of children within the first 28 days of life per 1,000 live births.

Between 2008 and 2010, there was an annual average of 3.0 neonatal deaths per 1,000 live births.

- Lower than the Louisiana rate.
- Lower than the national rate.
- Satisfies the Healthy People 2020 goal of 4.1 per 1,000 live births.
- Highest in Avoyelles and Natchitoches parishes (note that rates are not reportable for several of the parishes).

Neonatal Mortality Rate

(2008-2010* Annual Average Neonatal Deaths per 1,000 Live Births)

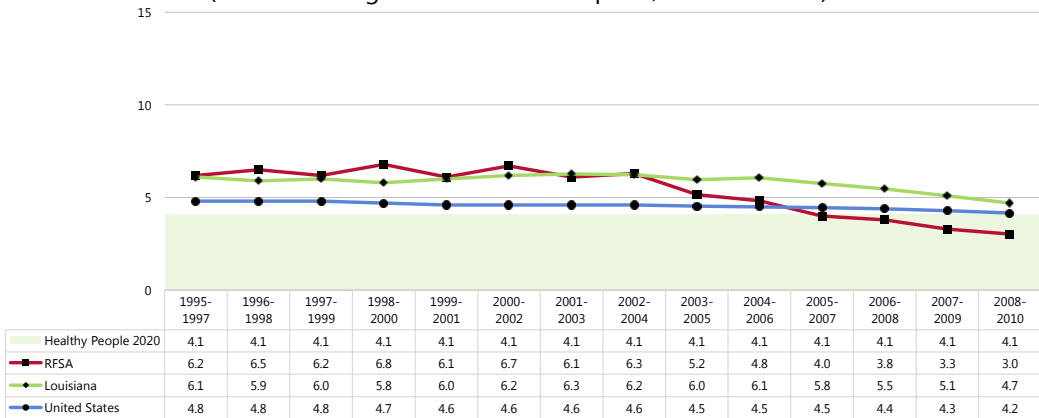


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
 • Centers for Disease Control and Prevention, National Center for Health Statistics.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-1.4]
 Notes: • Rates are averages of deaths of children within the first 28 days of life per 1,000 live births.
 • * Due to low numbers of deaths: the rates for Avoyelles, Natchitoches and Vernon parishes represent 2001-2010 data; rates for Allen, Catahoula, Grant, LaSalle and Winn parishes are not available.
 • NOTE: 2008 deaths for Allen Parish are underreported due to problems registering deaths with the Louisiana Vital Statistics Office.

☒ The RFSA neonatal mortality rate has decreased in recent years.

Neonatal Mortality Rate

(Annual Average Neonatal Deaths per 1,000 Live Births)



Sources: • Louisiana Department of Health and Hospitals.
 • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
 • Centers for Disease Control and Prevention, National Center for Health Statistics.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-1.4]
 Notes: • Rates are three-year averages of deaths of children within the first 28 days of life per 1,000 live births.
 • NOTE: 2006-2008 deaths for Allen Parish are underreported due to problems registering deaths with the Louisiana Vital Statistics Office.

Family Planning

In an era when technology should enable couples to have considerable control over their fertility, half of all pregnancies in the United States are unintended. Although between 1987 and 1994 the proportion of pregnancies that were unintended declined in the United States from 57 to 49 percent, other industrialized nations report fewer unintended pregnancies, suggesting that the number of unintended pregnancies can be reduced further. Family planning remains a keystone in attaining a national goal aimed at achieving planned, wanted pregnancies and preventing unintended pregnancies.

Socially, the costs can be measured in unintended births, reduced educational attainment and employment opportunity, greater welfare dependency, and increased potential for child abuse and neglect. Economically, healthcare costs are increased ... The consequences of unintended pregnancy are not confined to those occurring in teenagers or unmarried couples. In fact, unintended pregnancy can carry serious consequences at all ages and life stages.

With an unintended pregnancy, the mother is less likely to seek prenatal care in the first trimester and more likely not to obtain prenatal care at all. She is less likely to breastfeed and more likely to expose the fetus to harmful substances, such as tobacco or alcohol. The child of such a pregnancy is at greater risk of low birth weight, dying in its first year, being abused, and not receiving sufficient resources for healthy development. A disproportionate share of the women bearing children whose conception was unintended are unmarried or at either end of the reproductive age span—factors that, in themselves, carry increased medical and social burdens for children and their parents. Pregnancy begun without some degree of planning often prevents individual women and men from participating in preconception risk identification and management.

Unintended pregnancies occur among females of all socioeconomic levels and all marital status and age groups, but females under age 20 years and poor and African American women are especially likely to become pregnant unintentionally. More than 4 in 10 pregnancies to White and Hispanic females [nationwide] are unintended; 7 in 10 pregnancies to African American females [nationwide] are unintended. Poverty is strongly related to greater difficulty in using reversible contraceptive methods successfully, with these females also the least likely to have the resources necessary to access family planning services and the most likely to be affected negatively by an unintended pregnancy.

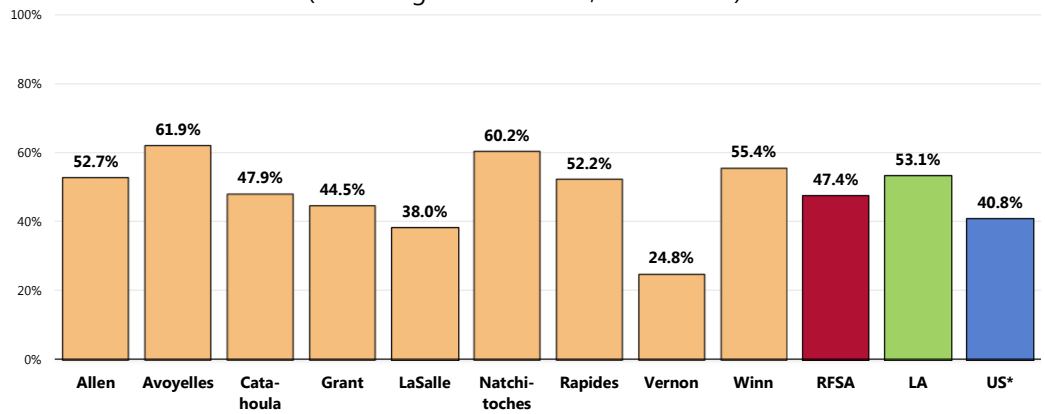
– Healthy People 2020, 2nd Edition. US Department of Health and Human Services. Washington, DC: US Government Printing Office, November 2000.

Births to Unwed Mothers

Nearly one-half (47.4%) of 2007-2009 births were to women who were not married at the time.

- Lower than the percentage reported statewide.
- Higher than that found nationally.
- Particularly high in Avoyelles, Natchitoches, and Winn parishes; lower in Catahoula, Grant, LaSalle, and Vernon parishes.

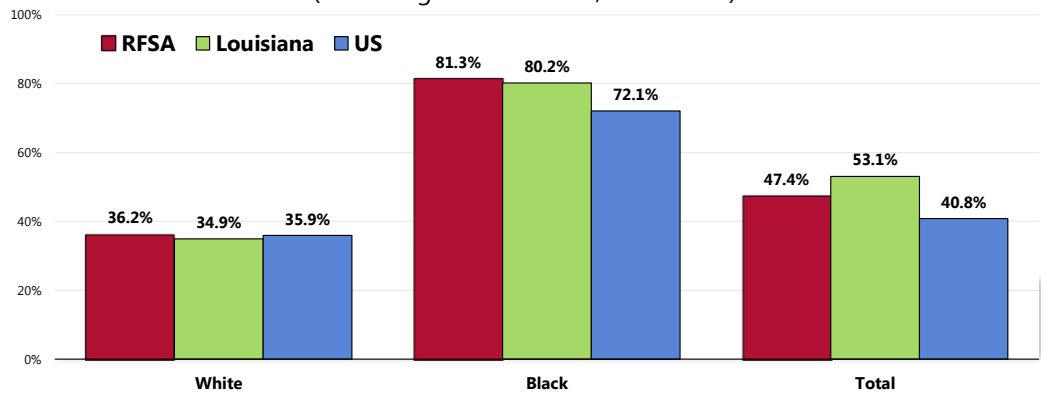
Births to Unwed Mothers (Percentage of Live Births, 2010-2012*)



Sources: • Louisiana State Center for Health Statistics and Louisiana Center for Records and Statistics.
 • Centers for Disease Control and Prevention, National Vital Statistics System.
 Note: • Numbers are a percentage of all live births within each population.
 • Regional and statewide data for 2012 represent preliminary data.
 • *US rate represents 2009-2011 data.

👤 The percentage of births to unwed mothers in the RFSA is dramatically higher in the Black population.

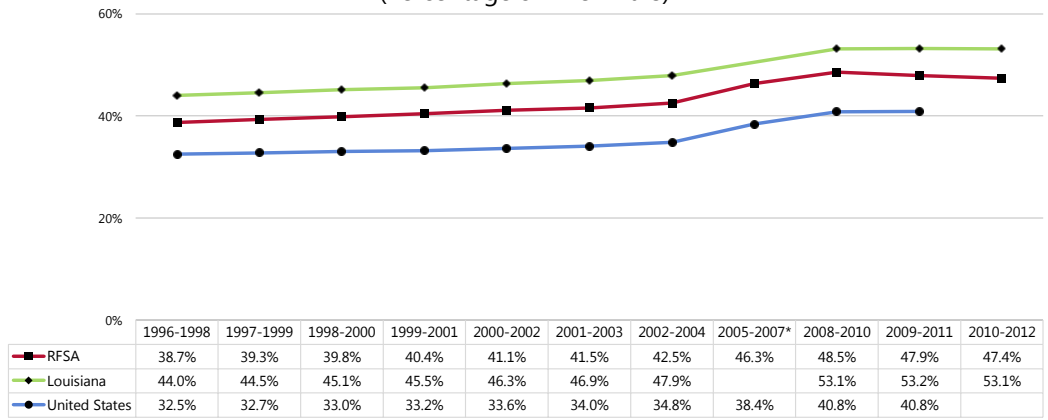
Births to Unwed Mothers by Race (Percentage of Live Births, 2010-2012)



Sources: • Louisiana State Center for Health Statistics and Louisiana Center for Records and Statistics.
 • Centers for Disease Control and Prevention, National Vital Statistics System.
 Note: • Numbers are a percentage of all live births within each population.
 • Regional and statewide data for 2012 represent preliminary data.

📈 The percentage of births to unwed mothers in the RFSA has increased over time, echoing the state and national trends.

Births to Unwed Mothers (Percentage of Live Births)



Sources: • Louisiana State Center for Health Statistics and Louisiana Center for Records and Statistics.
 • Centers for Disease Control and Prevention, National Vital Statistics System.
 Note: • Numbers are a percentage of all live births within each population.
 • Regional and statewide data for 2012 represent preliminary data.
 • Note that there is a break in data reporting years due to a lack of data; in addition the "2005-2007" RFSA percentage actually includes only 2006 and 2007 data.

Births to Teenage Mothers

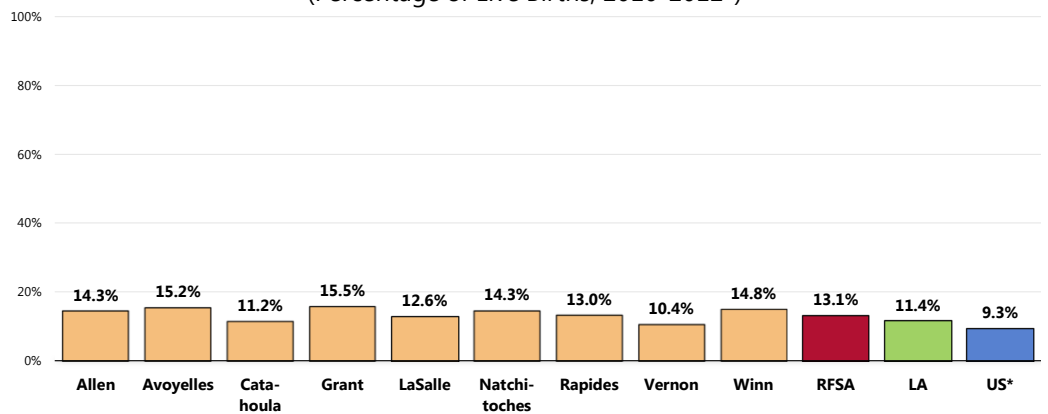
For teenagers, the problems associated with unintended pregnancy are compounded, and the consequences are well documented. Teenage mothers are less likely to get or stay married, less likely to complete high school or college, and more likely to require public assistance and to live in poverty than their peers who are not mothers. Infants born to teenage mothers, especially mothers under age 15 years, are more likely to suffer from low birth weight, neonatal death, and sudden infant death syndrome. The infants may be at greater risk of child abuse, neglect, and behavioral and educational problems at later stages. Nearly 1 million teenage pregnancies occur each year in the United States.

– Healthy People 2020, 2nd Edition. US Department of Health and Human Services. Washington, DC: US Government Printing Office, November 2000.

A total of 13.1% of 2010-2012 births were to mothers under the age of 20.

- Higher than the percentage reported across Louisiana.
- Higher than the percentage found nationally.
- Highest in Avoyelles and Grant parishes.

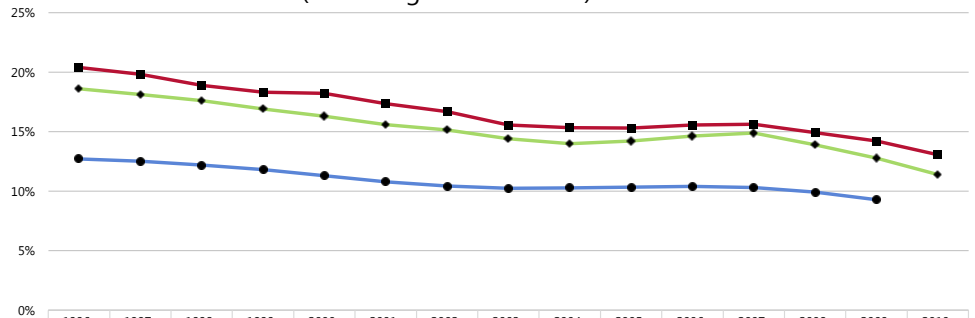
Births to Mothers Under Age 20 (Percentage of Live Births, 2010-2012*)



Sources: • Louisiana State Center for Health Statistics and Louisiana Center for Records and Statistics.
 • Centers for Disease Control and Prevention, National Vital Statistics System.
 Note: • Numbers are a percentage of all live births within each population.
 • Regional and statewide data for 2012 represent preliminary data.
 • *US rate represents 2009-2011 data.

☒ The percentage of births to mothers under age 20 in the RFSA has decreased over time, echoing the state and national trends.

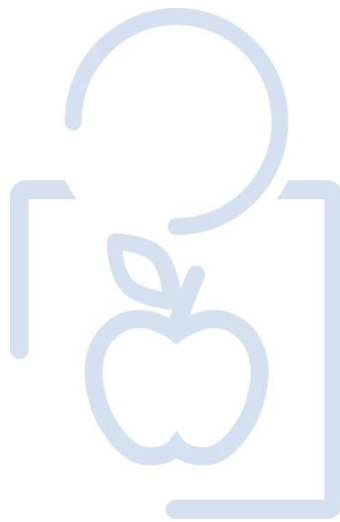
Births to Mothers Under Age 20 (Percentage of Live Births)



	1996-1998	1997-1999	1998-2000	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012
RFSA	20.4%	19.8%	18.9%	18.3%	18.2%	17.3%	16.7%	15.6%	15.3%	15.3%	15.6%	15.6%	14.9%	14.2%	13.1%
Louisiana	18.6%	18.1%	17.6%	16.9%	16.3%	15.6%	15.1%	14.4%	14.0%	14.2%	14.6%	14.9%	13.9%	12.8%	11.4%
United States	12.7%	12.5%	12.2%	11.8%	11.3%	10.8%	10.4%	10.2%	10.3%	10.3%	10.4%	10.3%	9.9%	9.3%	

Sources: • Louisiana State Center for Health Statistics and Louisiana Center for Records and Statistics.
 • Centers for Disease Control and Prevention, National Vital Statistics System.
 Note: • Numbers are a percentage of all live births within each population.
 • Regional and statewide data for 2012 represent preliminary data.

INFECTIOUS DISEASE



Vaccine-Preventable Conditions

Measles, Mumps, Rubella

“Incidence rate” is the number of new cases of a disease occurring during a given period of time.

It is usually expressed as cases per 1,000 or 100,000 population per year.

Between 2010 and 2012, there were no reported cases of measles, mumps, or rubella in any of the parishes in the RFSA.

Reported Case Rates for Vaccine-Preventable Diseases
(Incidence per 100,000 Population; 2010-2012*)

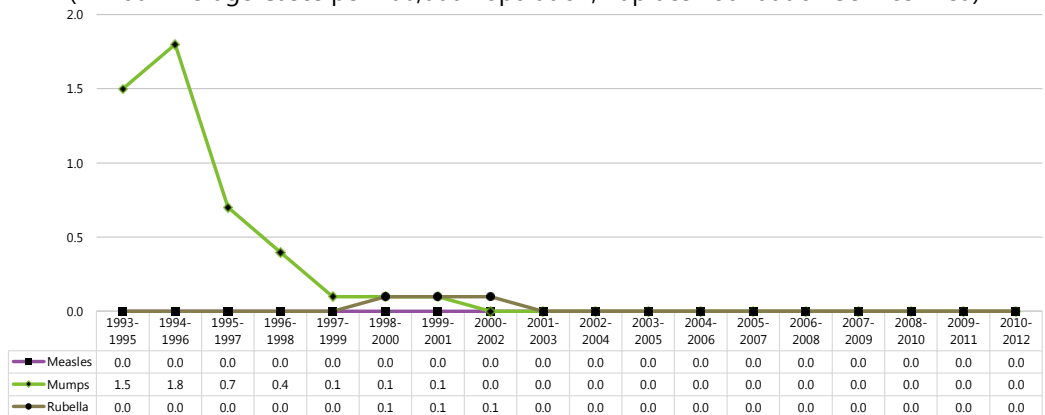
	RFSA	LA	US
Measles	0.0	0.0	0.0*
Mumps	0.0	0.1	0.5*
Rubella	0.0	0.0	0.0*
Pertussis	0.1	0.9	6.9*

Sources: • Louisiana Department of Health and Hospitals Office of Public Health.
• Centers for Disease Control and Prevention, Division of Public Health Surveillance and Informatics. Epidemiology Program Office.
Notes: • Rates are annual average new cases per 100,000 population.
• *US rates represent 2009-2011 data. United States measles cases only include those infected while in the United States.

☒ No reports of measles, mumps, or rubella have been reported in the RFSA since the year 2000.

Select Vaccine-Preventable Disease Rates

(Annual Average Cases per 100,000 Population; Rapides Foundation Service Area)



Sources: • Louisiana Department of Health and Hospitals Office of Public Health.
Notes: • Rates are annual average new cases per 100,000 population.

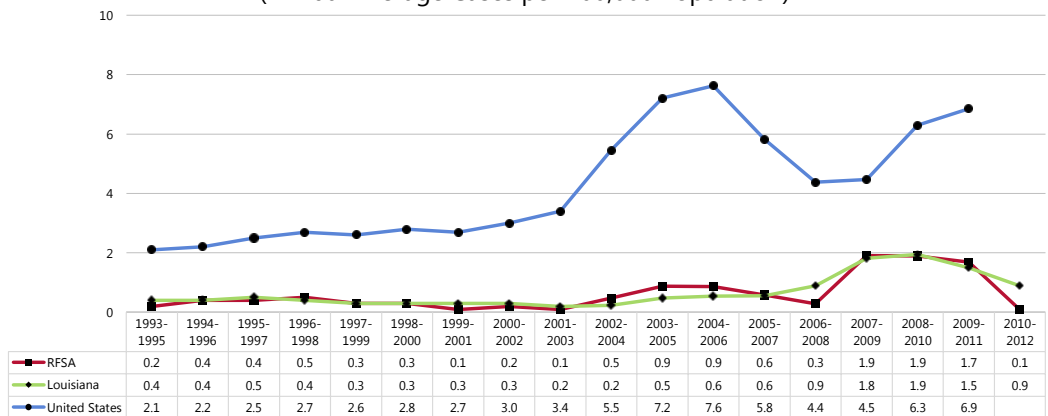
Pertussis

Between 2010 and 2012, the annual average pertussis incidence rate (new cases per year) was 0.1 cases per 100,000 population in the RFSa.

- Lower than the Louisiana incidence rate.
- Much lower than the national incidence rate (2009-2011 data).
- ▣ Incidence rates have fluctuated broadly over the past several years in the RFSa.

Pertussis Incidence

(Annual Average Cases per 100,000 Population)



Sources: • Louisiana Department of Health and Hospitals Office of Public Health.
• Centers for Disease Control and Prevention, National Center for Health Statistics.

Notes: • Rates are annual average new cases per 100,000 population.

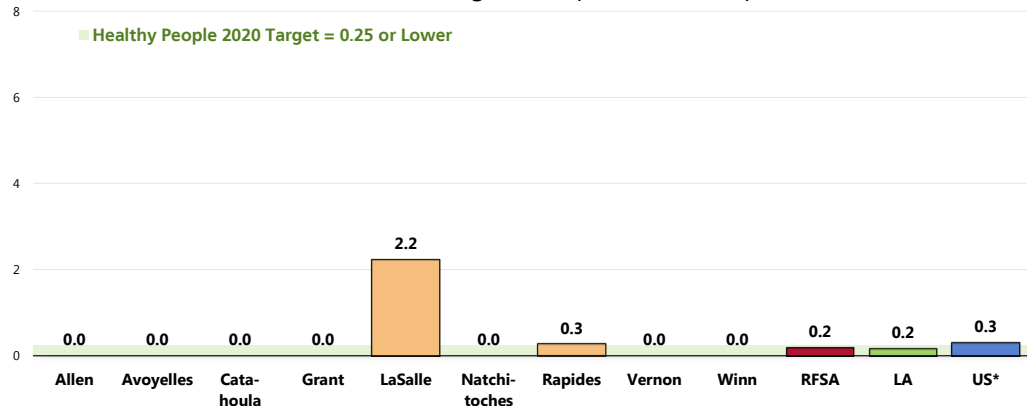
Acute Hepatitis C

With the exception of LaSalle and Rapides parishes, there were no incidences of acute hepatitis C between 2010 and 2012 in the RFSa.

- The RFSa rate is identical to the statewide rate and lower than the US rate (which reflects 2009-2011 data).
- The RFSa rate satisfies the Healthy People 2020 target.

Hepatitis C (Acute) Incidence

(2010-2012* Annual Average Cases per 100,000 Population)

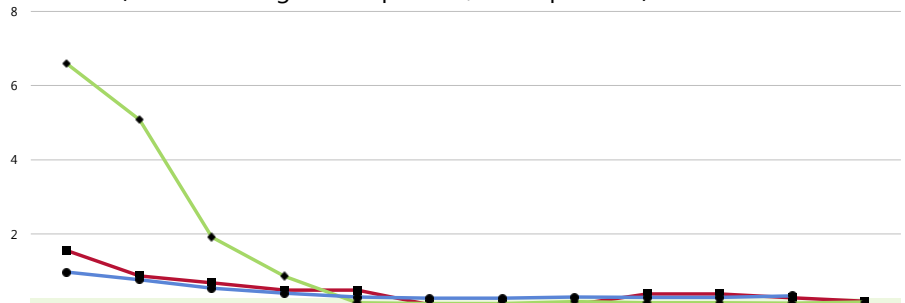


Sources: • Louisiana Department of Health and Hospitals Office of Public Health.
• Centers for Disease Control and Prevention, National Center for Health Statistics.
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IID-26]

Notes: • Rates are annual average new cases per 100,000 population.
• *US rate represents 2009-2011 data.

☒ Hepatitis C incidence has declined over time in the RFSA (as it has across the state and US).

Hepatitis C (Acute) Incidence (Annual Average Cases per 100,000 Population)



	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012
Healthy People 2020	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25
RFSA	1.5	0.9	0.7	0.5	0.5	0.1	0.1	0.1	0.4	0.4	0.3	0.2
Louisiana	6.6	5.1	1.9	0.9	0.1	0.1	0.1	0.2	0.1	0.1	0.1	0.2
United States	1.0	0.8	0.5	0.4	0.3	0.3	0.3	0.3	0.3	0.3	0.3	

Sources:

- Louisiana Department of Health and Hospitals Office of Public Health.
- Centers for Disease Control and Prevention, National Center for Health Statistics.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IID-26]

 Notes:

- Rates are annual average new cases per 100,000 population.
- *US rate represents 2009-2011 data.

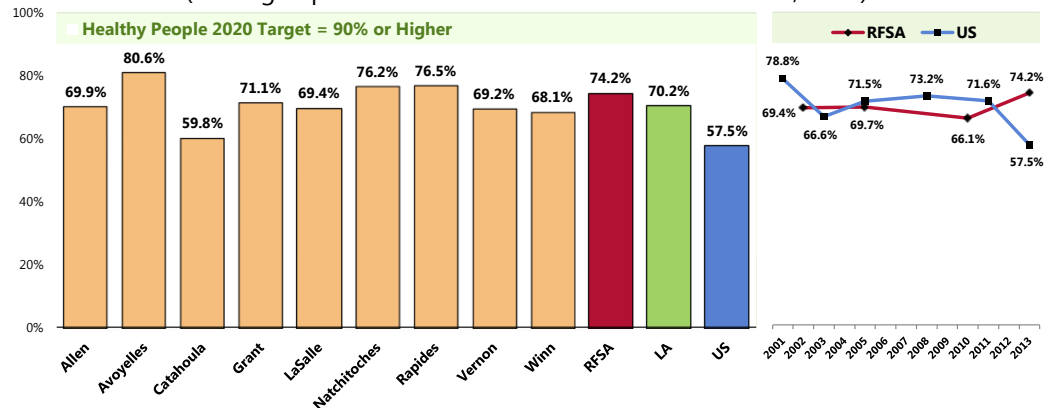
Influenza & Pneumonia Vaccination

Flu Shots

Among adults age 65 and older, nearly three-fourths (74.2%) received a flu shot within the past year.

- Higher than the Louisiana finding.
- Higher than the national finding.
- Fails to satisfy the Healthy People 2020 target.
- Highest in Avoyelles Parish; lowest in Catahoula Parish.
- ☒ Marks a significant increase over previous findings.

Have Had a Flu Shot in the Past Year
(Among Rapides Foundation Service Area Seniors 65+, 2013)



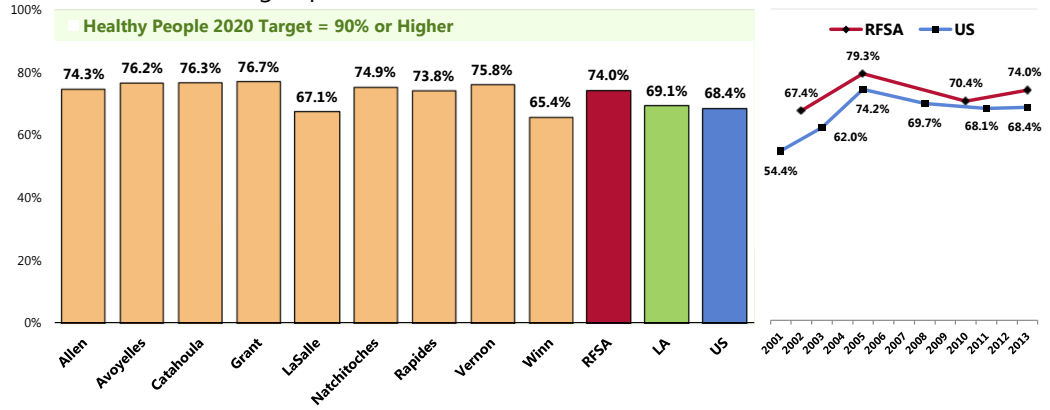
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 177]
 • 2013 PRC National Health Survey, Professional Research Consultants.
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2011 Louisiana data.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IID-12.7]
 Notes: • Asked of all respondents aged 65 and older.
 • Because the CDC implemented changes to the BRFSS weighting methodology in 2011, state findings might not be directly comparable to the regional or national findings outlined in this report.

Pneumonia Vaccination

Among adults age 65 and older, 74.0% have received a pneumonia vaccination at some point in their lives.

- Better than the Louisiana finding.
- Statistically comparable to the national finding.
- Fails to satisfy the Healthy People 2020 objective.
- Lowest among seniors in Winn Parish.
- ☒ Although fluctuating over time, the prevalence has overall increased significantly from 2002 survey findings.

Have Ever Had a Pneumonia Vaccine (Among Rapides Foundation Service Area Seniors 65+, 2013)



- Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 179]
 - 2013 PRC National Health Survey, Professional Research Consultants.
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 Louisiana data.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IID-13.1]
- Notes:
- Asked of all respondents aged 65 and older.
 - Because the CDC implemented changes to the BRFSS weighting methodology in 2011, state findings might not be directly comparable to the regional or national findings outlined in this report.

Tuberculosis

Tuberculosis (TB) is an infectious disease caused by a type of bacteria called *Mycobacterium tuberculosis*. TB is spread from person to person through the air, as someone with active tuberculosis of the respiratory tract coughs, sneezes, yells, or otherwise expels bacteria-laden droplets.

The Institute of Medicine (IOM), an arm of the National Academy of Sciences, released a report in May 2000 that lays out an action plan for eliminating tuberculosis in the United States ... As a key part of the plan, new TB treatment and prevention strategies must be developed that are tailored to the current environment. Among today's hallmarks:

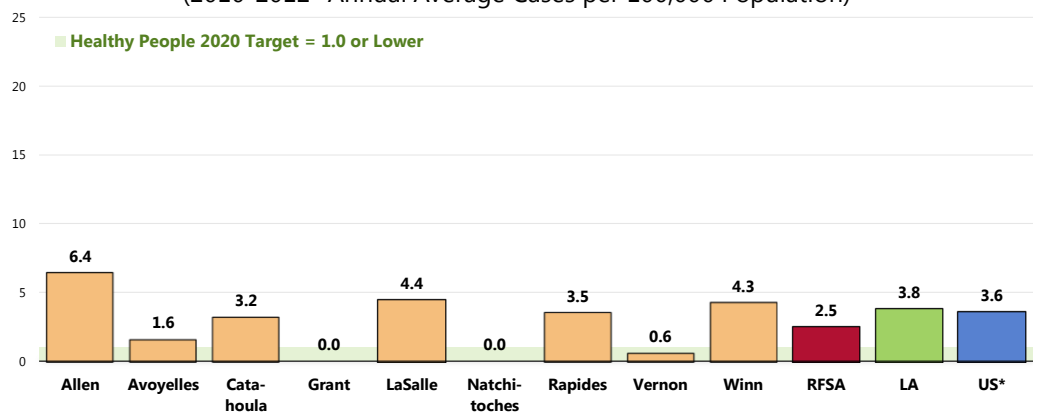
- Tuberculosis now occurs in ever-smaller numbers in most regions of the country.
 - Foreign-born people (both legal and undocumented immigrants) coming to the United States from countries with high rates of TB now account for nearly half of all TB cases.
 - Higher numbers of cases are concentrated in pockets located in major metropolitan areas, and this increased prevalence is due, in large part, to the increased number of people with or at risk for HIV/AIDS infection.
 - Other groups, such as HIV-infected people and the growing population of prison inmates, the homeless, and intravenous drug abusers, are emerging as being at high risk.
- Ending Neglect: The Elimination Of Tuberculosis In The United States. National Academy of Sciences, Institute of Medicine. Funded by the Centers for Disease Control and Prevention. 2000.

Between 2010 and 2012, the annual average tuberculosis incidence rate (new cases per year) was 2.5 cases per 100,000 population in the RFSA.

- Lower than the Louisiana incidence rate.
- Lower than the national incidence rate (which reflects 2009-2011 data).
- Fails to satisfy the Healthy People 2020 target.
- Incidence is highest in Allen, LaSalle, Rapides, and Winn parishes.

Tuberculosis Incidence

(2010-2012* Annual Average Cases per 100,000 Population)



Sources:

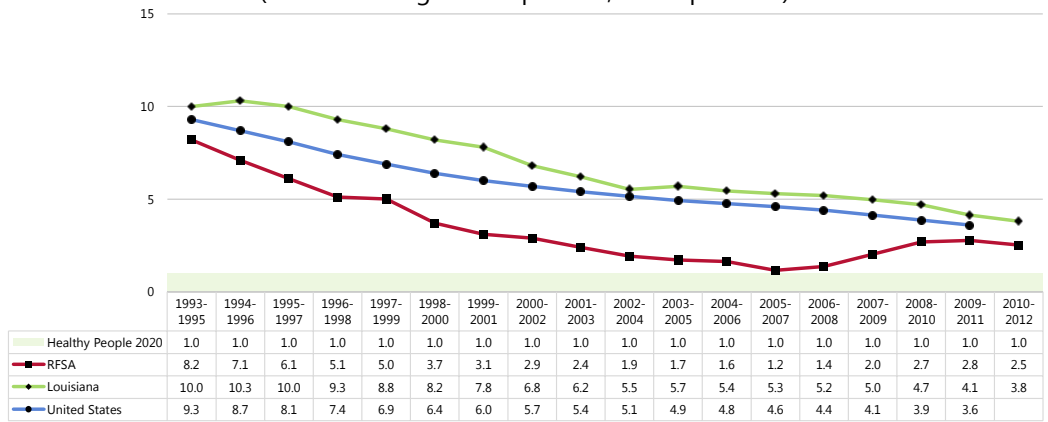
- Louisiana Department of Health and Human Services.
- Centers for Disease Control and Prevention, National Center for Health Statistics.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IID-29]

 Notes:

- Rates are annual average new cases per 100,000 population.
- *US rate represents 2009-2011 data.

☒ Tuberculosis incidence in the RFSA has decreased considerably since the early/mid 1990s. This decreasing trend is noted across Louisiana and the US as well.

Tuberculosis Incidence
(Annual Average Cases per 100,000 Population)



Sources: • Louisiana Department of Health and Human Services.
 • Centers for Disease Control and Prevention, National Center for Health Statistics.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IID-29]

Notes: • Rates are annual average new cases per 100,000 population.

Enteric Disease

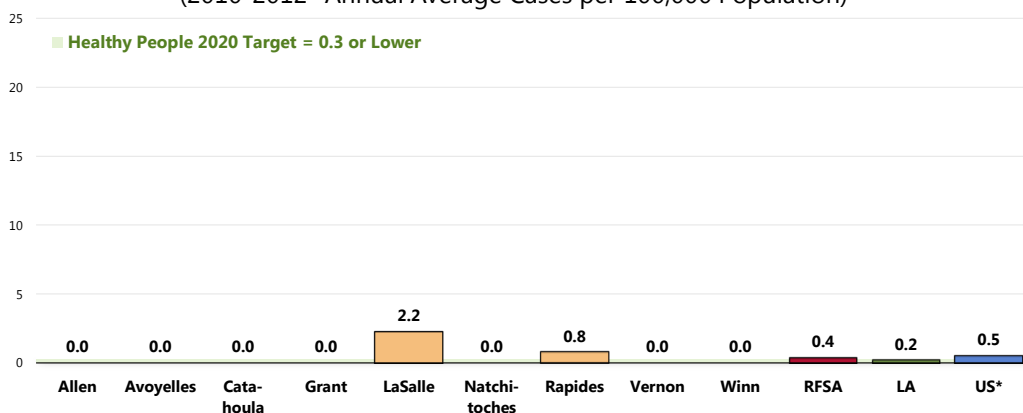
Acute Hepatitis A

Between 2010 and 2012, the annual average acute hepatitis A rate (new cases per year) was 0.4 cases per 100,000 population in the RFSA.

- Higher than the Louisiana incidence rate.
- Just below the national incidence rate (which reflects 2009-2011 data).
- Fails to satisfy the Healthy People 2020 target.
- Hepatitis A cases were only reported in LaSalle and Rapides parishes between 2010 and 2012.

Hepatitis A Incidence

(2010-2012* Annual Average Cases per 100,000 Population)

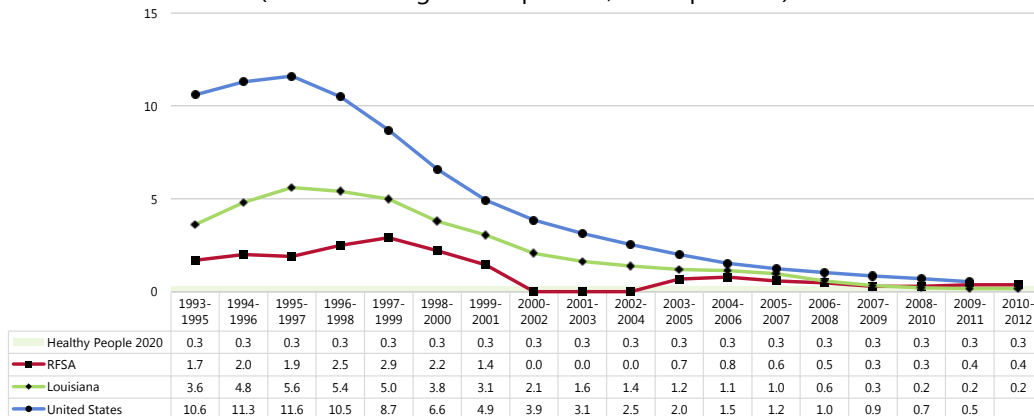


Sources: • Louisiana Department of Health and Hospitals Office of Public Health.
 • Centers for Disease Control and Prevention, National Center for Health Statistics.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IID-23]
 Notes: • Rates are annual average new cases per 100,000 population.
 • *US rate represents 2009-2011 data.

☒ Hepatitis A incidence rates have generally decreased in the RFSA, in keeping with state and national trends.

Hepatitis A Incidence

(Annual Average Cases per 100,000 Population)



Sources: • Louisiana Department of Health and Hospitals Office of Public Health.
 • Centers for Disease Control and Prevention, National Center for Health Statistics.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IID-23]
 Notes: • Rates are annual average new cases per 100,000 population.

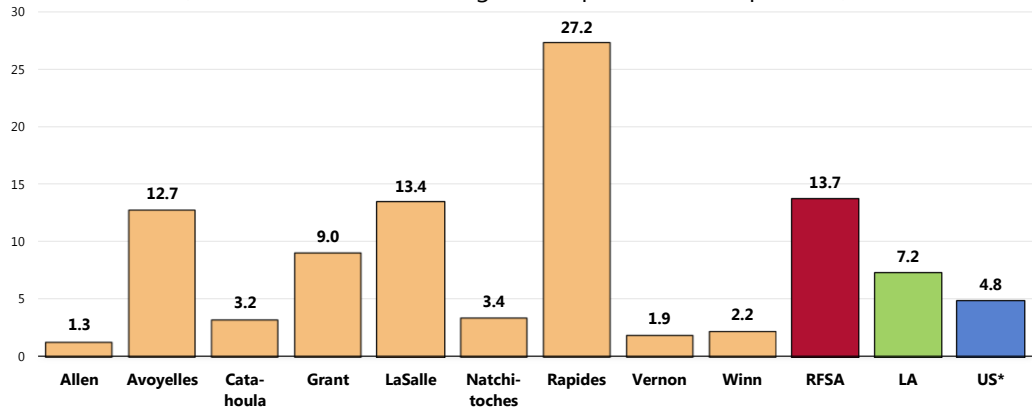
Shigellosis

Between 2010 and 2012, the annual average shigellosis rate was 13.7 cases per 100,000 population in the RFSA.

- Much higher than the Louisiana incidence rate.
- Much higher than the US rate (which reflects 2009-2011 data).
- Incidence is highest in Avoyelles, Grant and LaSalle parishes, and especially in Rapides Parish.

Shigellosis Incidence

(2010-2012* Annual Average Cases per 100,000 Population)

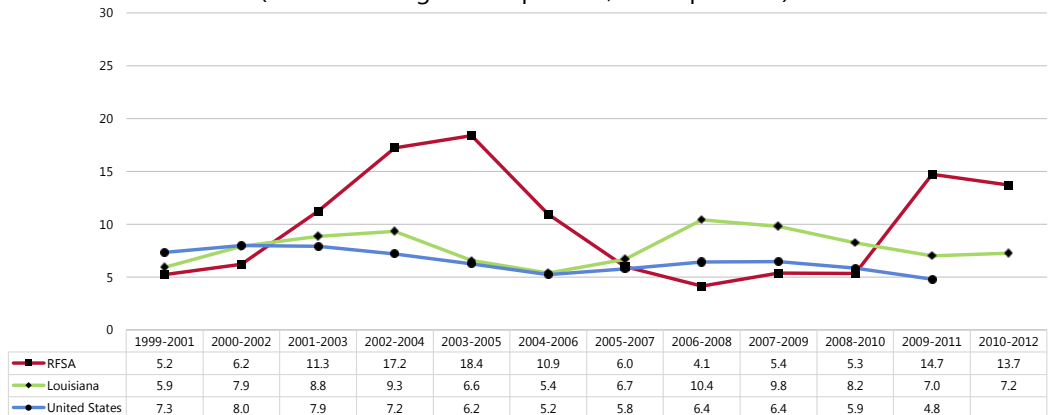


Sources: • Louisiana Department of Health and Hospitals' Office of Public Health.
 • Centers for Disease Control and Prevention, National Center for Health Statistics.
 Notes: • Rates are annual average new cases per 100,000 population.
 • *US rate represents 2009-2011 data.

☒ Shigellosis incidence has fluctuated considerably over time, showing no clear trend.

Shigellosis Incidence

(Annual Average Cases per 100,000 Population)



Sources: • Louisiana Department of Health and Hospitals' Office of Public Health.
 • Centers for Disease Control and Prevention, National Center for Health Statistics.
 Notes: • Rates are annual average new cases per 100,000 population.

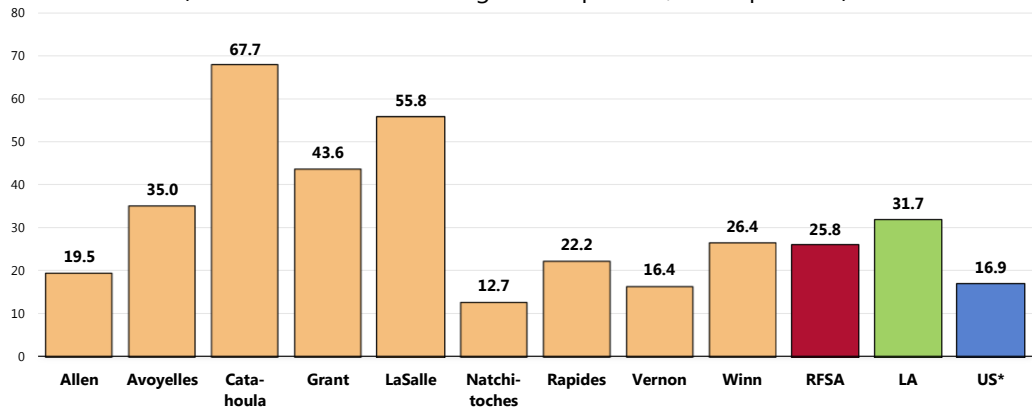
Salmonellosis

The 2010-2012 salmonellosis incidence rate in the RFSA was 25.8 per 100,000 population.

- Lower than the state rate.
- Higher than the national rate (which reflects 2009-2011 data).
- Incidence rates range from 12.7 in Natchitoches Parish to 67.7 in Catahoula Parish.

Salmonellosis Incidence

(2010-2012* Annual Average Cases per 100,000 Population)

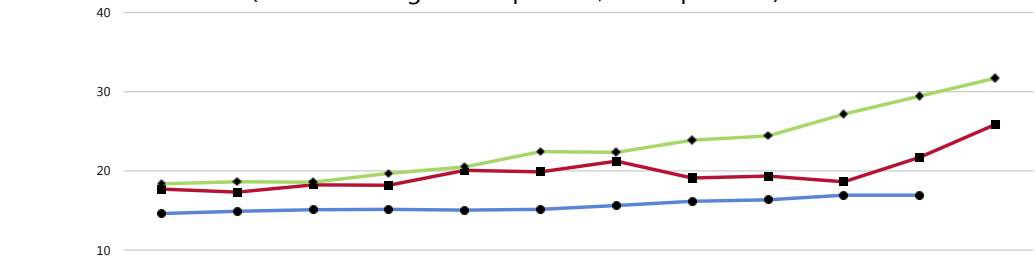


Sources: • Louisiana Department of Health and Hospitals Office of Public Health.
• Centers for Disease Control and Prevention, National Center for Health Statistics.
Notes: • Rates are annual average new cases per 100,000 population.
• US rate represents 2009-2011 data.

Salmonellosis incidence has generally increased over time in the RFSA, echoing the state trend. Incidence has increased nationally as well, although less sharply.

Salmonellosis Incidence

(Annual Average Cases per 100,000 Population)



	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012
RFSA	17.7	17.3	18.2	18.2	20.1	19.9	21.2	19.1	19.3	18.6	21.7	25.8
Louisiana	18.4	18.6	18.6	19.7	20.5	22.4	22.3	23.9	24.4	27.2	29.4	31.7
United States	14.6	14.9	15.1	15.1	15.0	15.1	15.6	16.1	16.4	16.9	16.9	

Sources: • Louisiana Department of Health and Hospitals Office of Public Health.
• Centers for Disease Control and Prevention, National Center for Health Statistics.
Notes: • Rates are annual average new cases per 100,000 population.

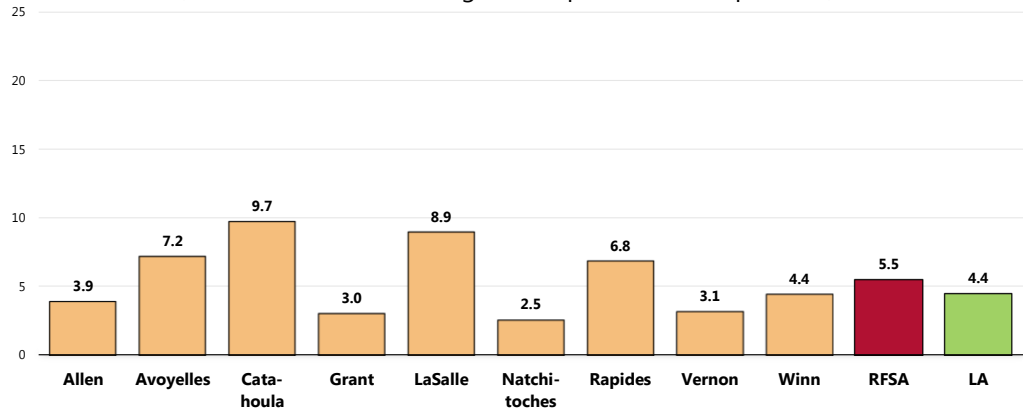
Campylobacteriosis

Between 2010 and 2012, the RFSA reported a campylobacteriosis incidence rate of 5.5 cases per 100,000 population.

- Higher than the Louisiana rate. (A national incidence rate is not available.)
- Ranging from a rate of 2.5 in Natchitoches to 9.7 in Catahoula Parish.

Campylobacteriosis Incidence

(2010-2012 Annual Average Cases per 100,000 Population)



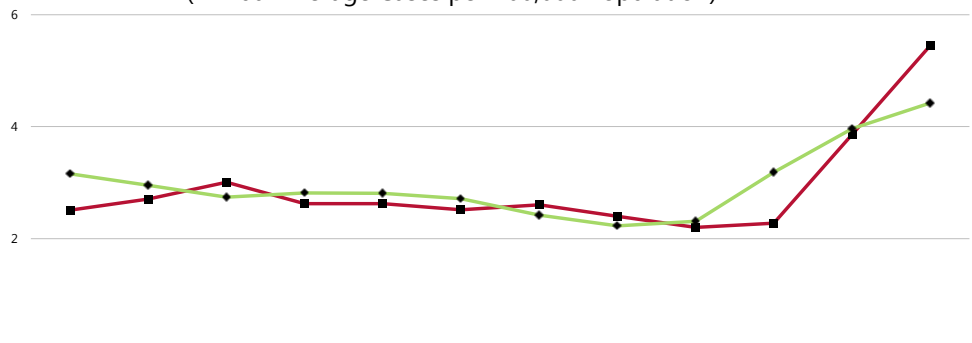
Sources: • Louisiana Department of Health and Hospitals Office of Public Health.
• Centers for Disease Control and Prevention, National Center for Health Statistics.

Notes: • Rates are annual average new cases per 100,000 population.

- ▣ Campylobacteriosis incidence has increased considerably in recent years in the RFSA, as it has statewide.

Campylobacteriosis Incidence

(Annual Average Cases per 100,000 Population)



Sources: • Louisiana Department of Health and Hospitals Office of Public Health.
• Centers for Disease Control and Prevention, National Center for Health Statistics.

Notes: • Rates are annual average new cases per 100,000 population.

In the United States, HIV/AIDS remains a significant cause of illness, disability, and death, despite declines in 2002 and 2005.

Principal health determinants. Behaviors (sexual practices, substance abuse, and accessing prenatal care) and biomedical status (having other STDs) are major determinants of HIV transmission. Unprotected sexual contact, whether homosexual or heterosexual, with a person infected with HIV and sharing drug-injection equipment with an HIV-infected individual account for most HIV transmission in the United States. Increasing the number of people who know their HIV serostatus is an important component of a national program to slow or halt the transmission of HIV in the United States.

For persons infected with HIV, behavioral determinants also play an important role in health maintenance. Although drugs are available specifically to prevent and treat a number of opportunistic infections, HIV-infected individuals also need to make lifestyle-related behavioral changes to avoid many of these infections. The new HIV antiretroviral drug therapies for HIV infection bring with them difficulties in adhering to complex, expensive, and demanding medication schedules, posing a significant challenge for many persons infected with HIV.

Because HIV infection weakens the immune system, people with tuberculosis (TB) infection and HIV infection are at very high risk of developing active TB disease.

Comparing the 1980s to the 1990s, the proportion of AIDS cases in White men who have sex with men declined, whereas the proportion in females and males in other racial and ethnic populations increased, particularly among African adults and Hispanics. AIDS cases also appeared to be increasing among injection drug users and their sexual partners. The true extent of the epidemic remains difficult to assess for several reasons, including the following:

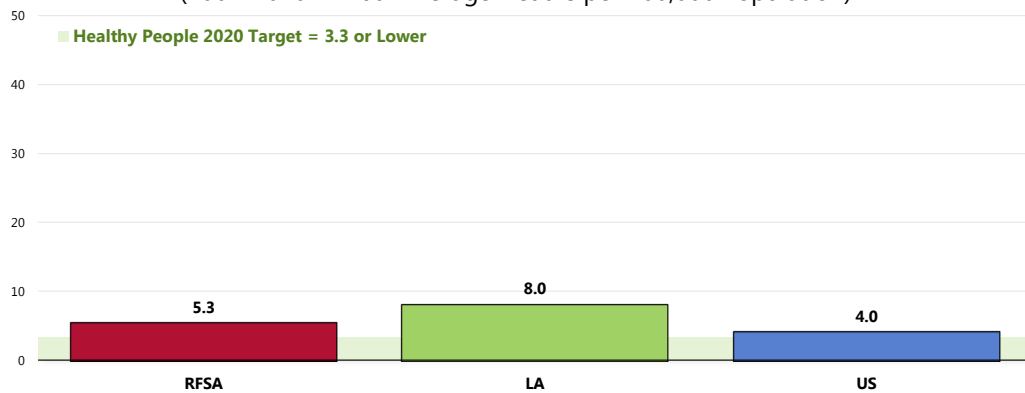
- Because of the long period of time from initial HIV infection to AIDS and because highly active antiretroviral therapy (HAART) has slowed the progression to AIDS, new cases of AIDS no longer provide accurate information about the current HIV epidemic in the United States.
 - Because of a lack of awareness of HIV serostatus as well as delays in accessing counseling, testing, and care services by individuals who may be infected or are at risk of infection, some populations do not perceive themselves to be at risk. As a result, some HIV-infected persons are not identified and provided care until late in the course of their infection.
- Healthy People 2020, 2nd Edition. US Department of Health and Human Services. Washington, DC: US Government Printing Office, November 2000.

Age-Adjusted HIV/AIDS Deaths

Between 2001 and 2010, there was an annual average age-adjusted HIV/AIDS mortality rate of 5.3 deaths per 100,000 population in the RFSA.

- Lower than found statewide.
- Higher than found nationally.
- Fails to satisfy the Health People 2020 target.

HIV/AIDS: Age-Adjusted Mortality (2001-2010 Annual Average Deaths per 100,000 Population)

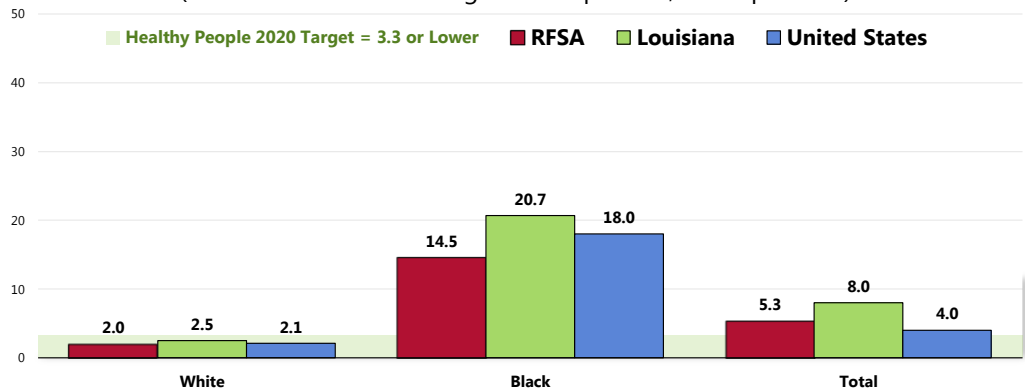


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HIV-12]

Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
 • Parish-level data not available due to low numbers of deaths.
 • NOTE: 2006-2008 deaths for Allen Parish are underreported due to problems registering deaths with the Louisiana Vital Statistics Office.

👥 HIV/AIDS mortality is dramatically higher among Blacks in the RFSa when compared with Whites (more than seven times higher, in fact). This disparity is also seen — and to an even greater degree — both statewide and nationally.

HIV/AIDS: Age-Adjusted Mortality by Race (2001-2010 Annual Average Deaths per 100,000 Population)

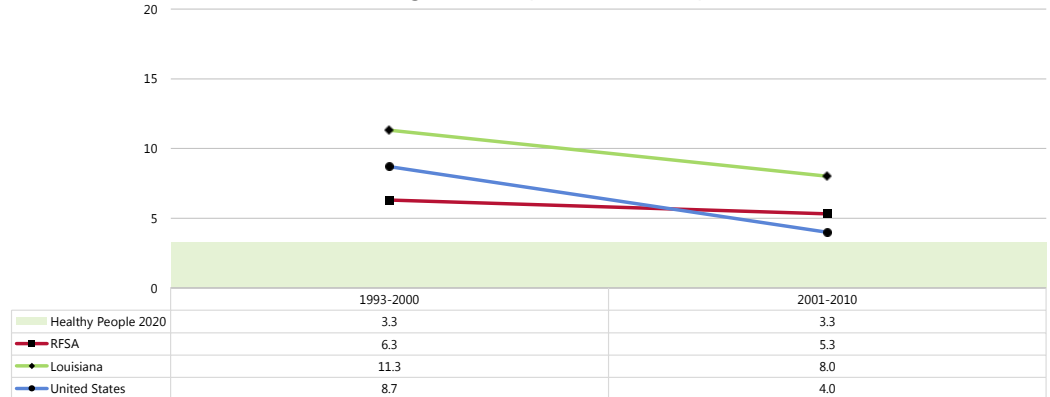


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HIV-12]

Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
 • NOTE: 2006-2008 deaths for Allen Parish are underreported due to problems registering deaths with the Louisiana Vital Statistics Office.

HIV/AIDS mortality has decreased over time in the RFSA, echoing the state and national trends.

HIV/AIDS: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HIV-12]

Notes: • Deaths from 1999 forward are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10); pre-1999 data were coded using ICD-9 coding.
 • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
 • State and national data are simple three-year averages; the RFSA three-year average is weighted by population.
 • NOTE: 2006-2008 deaths for Allen Parish are underreported due to problems registering deaths with the Louisiana Vital Statistics Office.

HIV/AIDS Cases

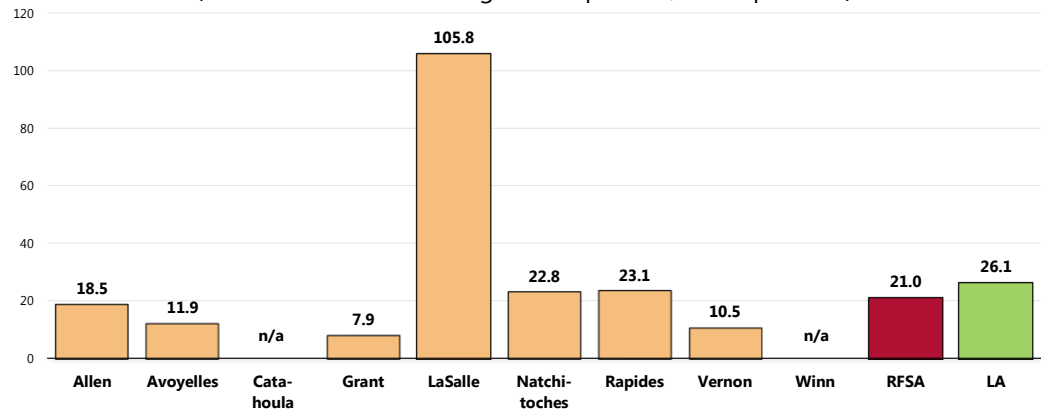
HIV/AIDS Incidence

Between 2009 and 2012, there was an annual average of 21.0 new HIV/AIDS cases per 100,000 population in the Rapides Foundation Service Area.

- Lower than the Louisiana incidence rate.
- Exceptionally high in LaSalle Parish.

HIV/AIDS Incidence

(2009-2012 Annual Average Cases per 100,000 Population)

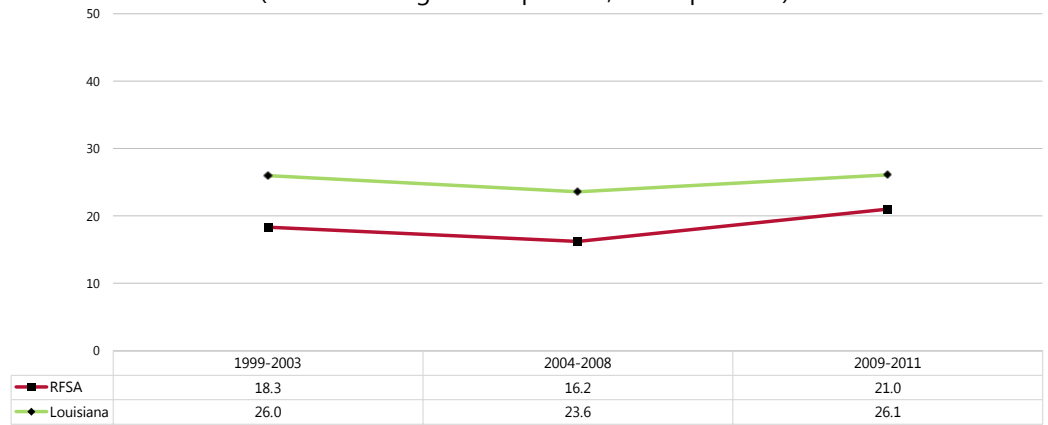


Sources: • Louisiana Department of Health and Hospitals Office of Public Health.
 Notes: • Rates are annual average new cases per 100,000 population.
 • Due to low numbers of cases, rates are not available for Catahoula and Winn parishes.

☒ HIV/AIDS incidence has increased over time in the RFSA, echoing the state trend.

HIV/AIDS Incidence

(Annual Average Cases per 100,000 Population)



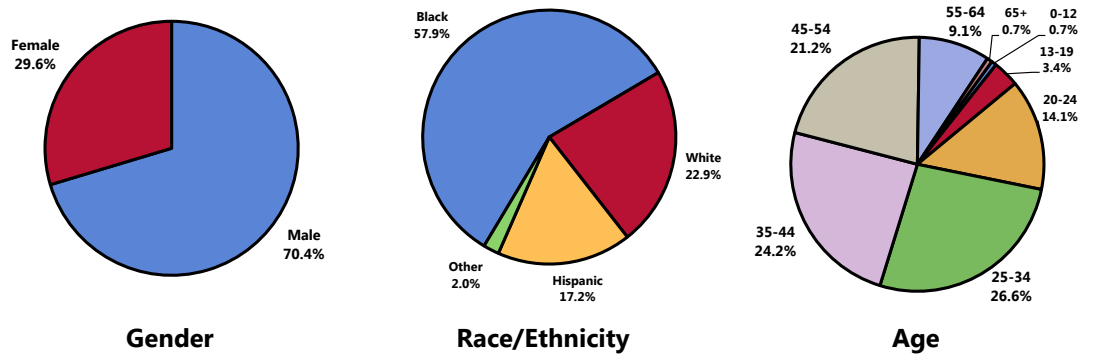
Sources: • Louisiana Department of Health and Hospitals Office of Public Health.
Notes: • Rates are annual average new cases per 100,000 population.

HIV/AIDS Characteristics

The following chart provides an illustration of the demographic characteristics of new HIV/AIDS cases (2009-2012) in the RFSA. Note:

- ☒ Incidence was more prevalent in **males**.
- ☒ **Black** residents made up the majority of new cases.
- ☒ The greatest proportion of new cases occurred in the **25-44** age groups.

Characteristics of New HIV Cases (2009-2012)



Sources: • Louisiana Department of Health and Hospitals Office of Public Health.

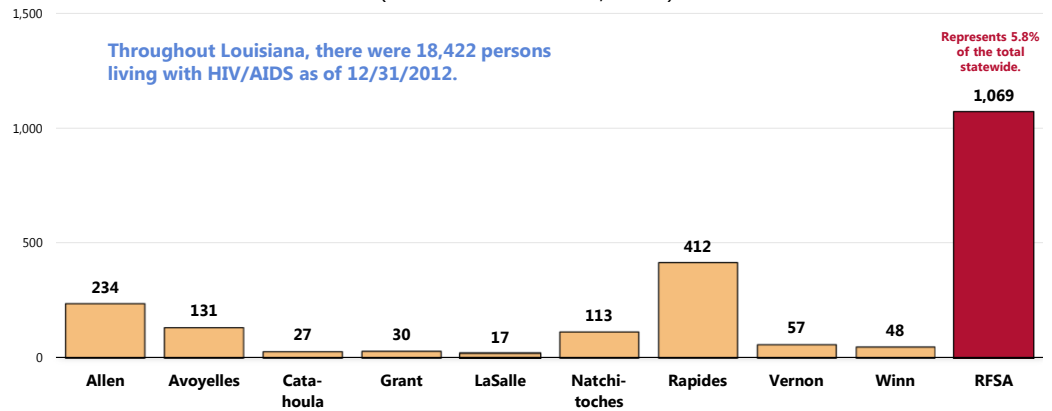
Persons Living With HIV/AIDS (PLWHA)

As of the end of 2012, there were 1,069 RFSA residents living with HIV/AIDS.

- This represents 5.8% of the state's 18,422 persons living with HIV/AIDS.
- Within the RFSA, 72.7% of PLWHA are in Allen, Avoyelles, or Rapides parishes.

Persons Living With HIV/AIDS

(As of December 31, 2012)



Sources: • Louisiana Department of Health and Hospitals Office of Public Health.

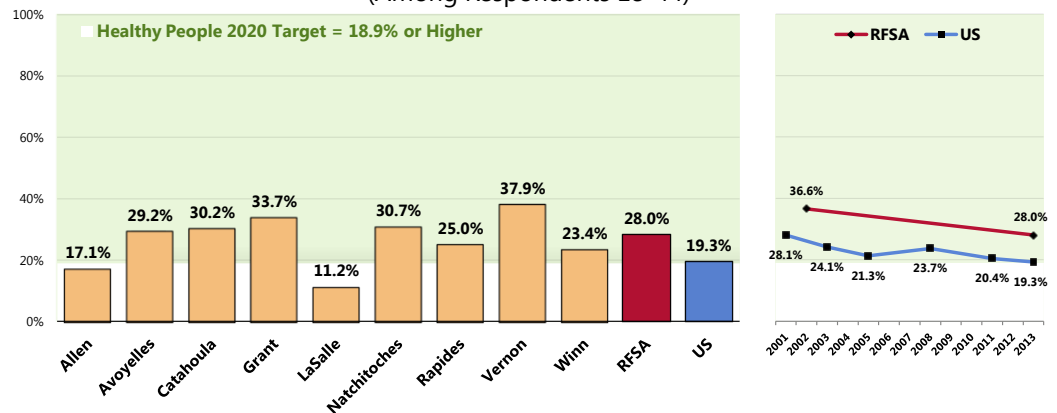
HIV Testing

Among RFSA adults age 18-44, 28.0% report that they have been tested for human immunodeficiency virus (HIV) in the past year.

- Higher than the proportion found nationwide.
 - Satisfies the Healthy People 2020 target.
 - Favorably high in Vernon Parish; lowest in Allen and LaSalle parishes.
- ☒ Denotes a significant decrease from 2002 survey findings. Note that the national trend is downward as well.

Tested for HIV in the Past Year

(Among Respondents 18-44)



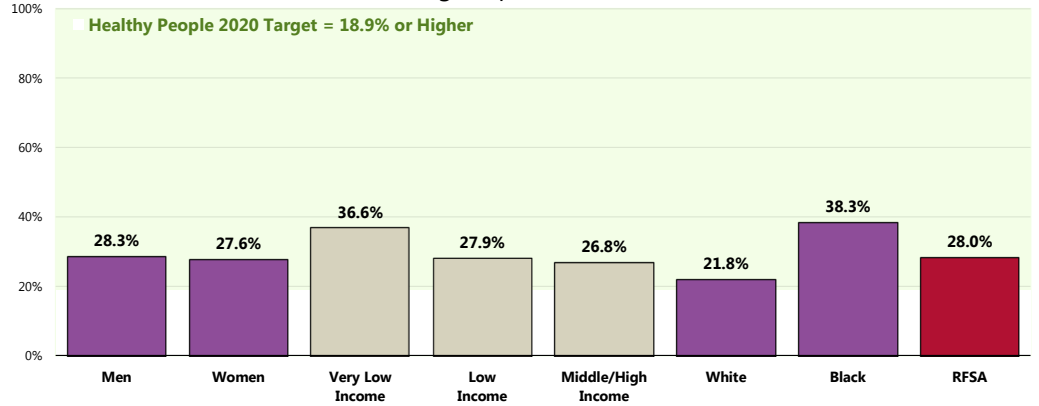
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 183]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HIV-14.1]
 Notes: • Reflects respondents age 18 to 44.
 • Note that the Healthy People 2020 objective is for ages 15-44.

By demographic characteristics, testing higher among:

👤 Adults with very low incomes.

👤 Black adults.

Tested for HIV in the Past Year (Among Respondents 18-44)



- Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 183]
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HIV-14.1]
- Notes:
- Reflects respondents age 18 to 44.
 - Note that the Healthy People 2020 objective is for ages 15-44.
 - Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: "very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

Sexually Transmitted Diseases

Sexually transmitted diseases (STDs) refer to the more than 25 infectious organisms transmitted primarily through sexual activity. STDs are among many related factors that affect the broad continuum of reproductive health agreed on in 1994 by 180 governments at the International Conference on Population and Development (ICPD). At ICPD, all governments were challenged to strengthen their STD programs. STD prevention as an essential primary care strategy is integral to improving reproductive health.

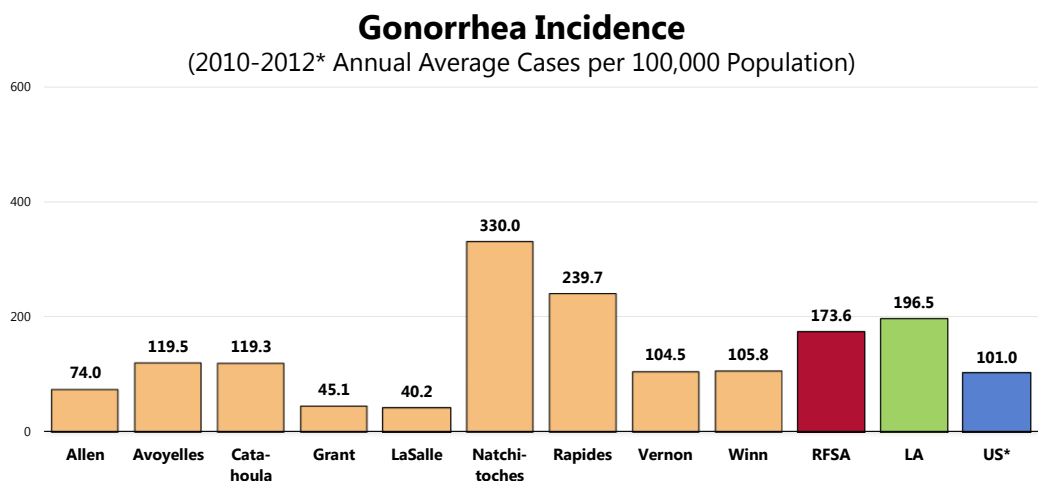
Despite the burdens, costs, complications, and preventable nature of STDs, they remain a significant public health problem, largely unrecognized by the public, policymakers, and public health and healthcare professionals in the United States. STDs cause many harmful, often irreversible, and costly clinical complications, such as reproductive health problems, fetal and perinatal health problems, and cancer. In addition, studies of the worldwide human immunodeficiency virus (HIV) pandemic link other STDs to a causal chain of events in the sexual transmission of HIV infection.

– Healthy People 2020, 2nd Edition. US Department of Health and Human Services. Washington, DC: US Government Printing Office, November 2000.

Gonorrhea

Between 2010 and 2012, the annual average gonorrhea incidence rate was 173.6 cases per 100,000 population in the RFSA.

- Lower than the Louisiana rate.
- Much higher than the national incidence rate (which reflects 2009-2011 data).
- Dramatically higher in Natchitoches and Rapides parishes.

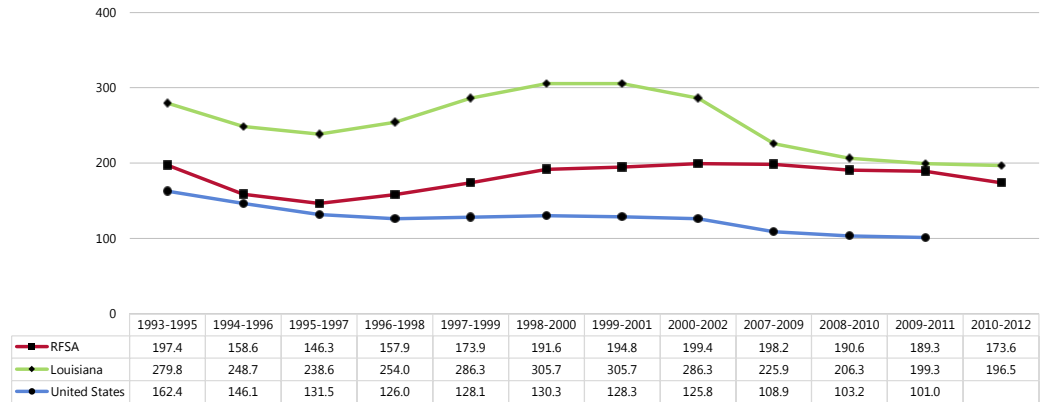


Sources: • Louisiana Department of Health and Hospitals Office of Public Health.
• Centers for Disease Control and Prevention, National Center for Health Statistics.
Notes: • Rates are annual average new cases per 100,000 population.
• *US rate represents 2009-2011 data.

☒ Gonorrhea rates increased overall across the RFSA, but have subsided somewhat in the most recent reporting years. Note the decreasing trends reported both statewide and nationwide.

Gonorrhea Incidence

(Annual Average Cases per 100,000 Population)



Sources: • Louisiana Department of Health and Hospitals' Office of Public Health.
 • Centers for Disease Control and Prevention, National Center for Health Statistics.
 Notes: • Rates are annual average new cases per 100,000 population.
 • Note that data for 2003 to 2006 are not available.

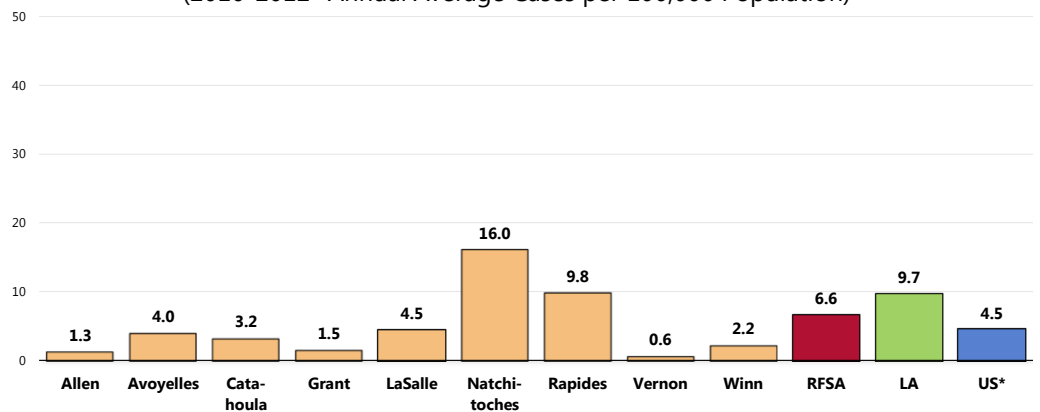
Syphilis

Between 2010 and 2012, the annual average primary/secondary syphilis incidence rate was 6.6 cases per 100,000 population in the RFSA.

- Lower than the Louisiana incidence rate.
- Higher than the national incidence rate (which reflects 2009-2011 data).
- Highest in Natchitoches and Rapides parishes; lower in the remaining parishes.

Primary/Secondary Syphilis Incidence

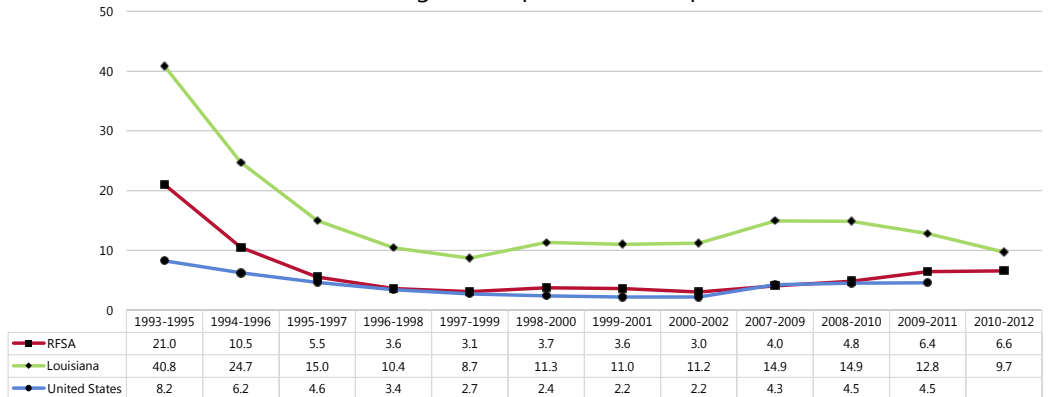
(2010-2012* Annual Average Cases per 100,000 Population)



Sources: • Louisiana Department of Health and Hospitals' Office of Public Health.
 • Centers for Disease Control and Prevention, National Center for Health Statistics.
 Notes: • Rates are annual average new cases per 100,000 population.
 • *US rate represents 2009-2011 data.

After decreasing significantly in the 1990s, the RFSA syphilis incidence appears to be on the rise once again.

Primary/Secondary Syphilis Incidence (Annual Average Cases per 100,000 Population)



Sources: Louisiana Department of Health and Hospitals' Office of Public Health, Centers for Disease Control and Prevention, National Center for Health Statistics.
 Notes: Rates are annual average new cases per 100,000 population. Note that data for 2003 to 2006 are not available.

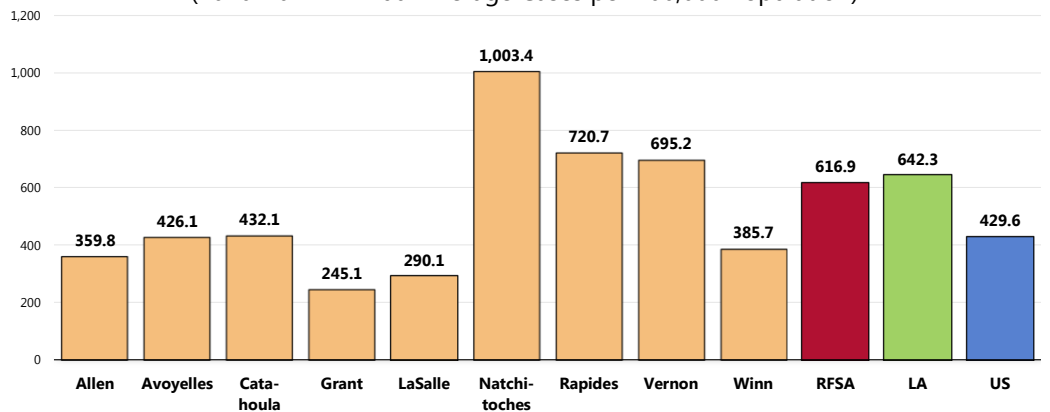
Chlamydia

Between 2010 and 2012, the annual average chlamydia incidence rate was 616.9 cases per 100,000 population in the RFSA.

- Comparable to the state rate.
- Higher than the national incidence rate (which reflects 2009-2011 data).
- Natchitoches Parish had an exceptionally high rate in 2010-2012.

Chlamydia Incidence

(2010-2012* Annual Average Cases per 100,000 Population)

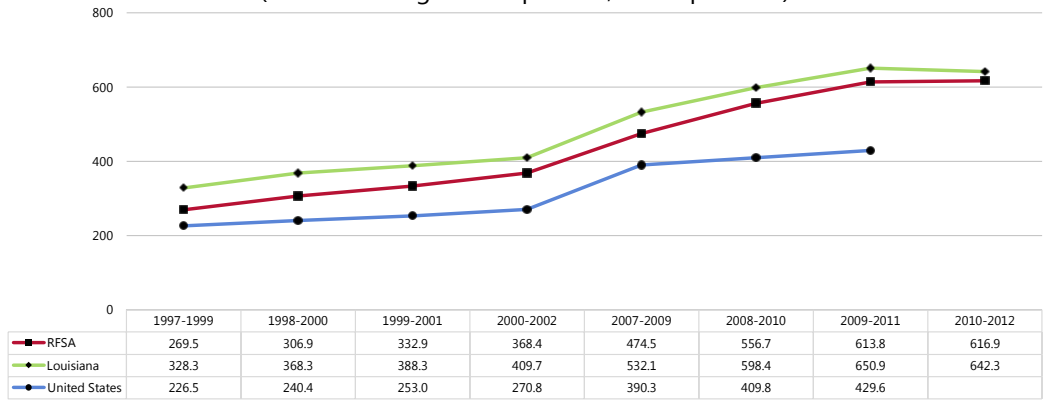


Sources: Louisiana Department of Health and Hospitals' Office of Public Health, Centers for Disease Control and Prevention, National Center for Health Statistics.
 Notes: Rates are annual average new cases per 100,000 population. *US rate represents 2009-2011 data.

Chlamydia incidence has increased in recent years across the RFSA, echoing the trends across Louisiana and the US overall.

Chlamydia Incidence

(Annual Average Cases per 100,000 Population)



Sources: • Louisiana Department of Health and Hospitals Office of Public Health.
 • Centers for Disease Control and Prevention, National Center for Health Statistics.
 Notes: • Rates are annual average new cases per 100,000 population.
 • Note that data for 2003 to 2006 are not available.

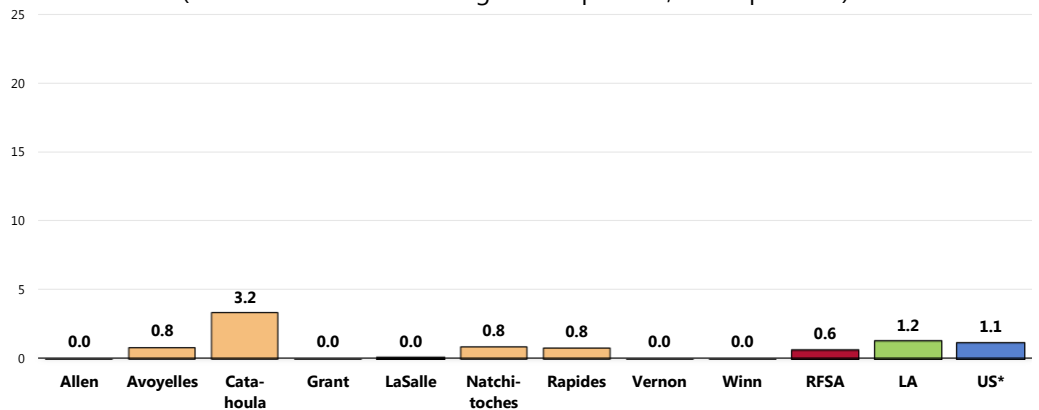
Acute Hepatitis B

Between 2010 and 2012, the annual average hepatitis B incidence rate was 0.6 cases per 100,000 population in the RFSA.

- Below the state rate.
- Below the national rate (which reflects 2009-2011 data).
- Particularly high in Catahoula Parish.

Hepatitis B (Acute) Incidence

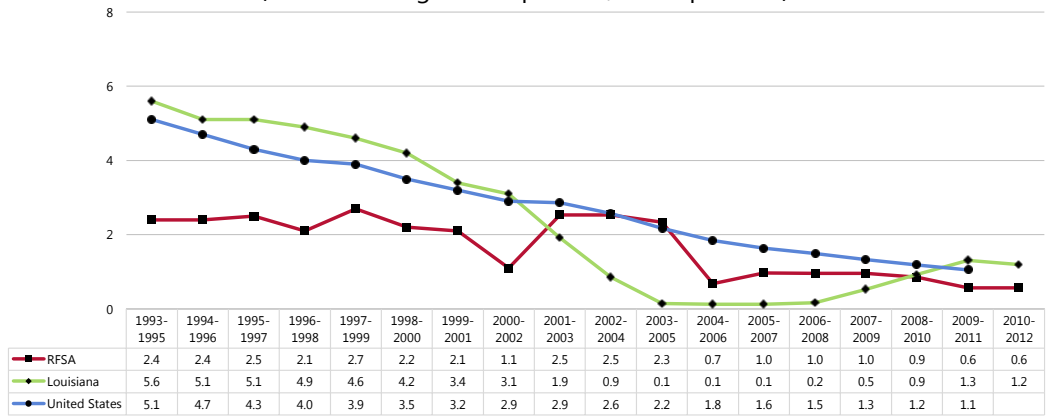
(2010-2012* Annual Average Cases per 100,000 Population)



Sources: • Louisiana Department of Health and Hospitals Office of Public Health.
 • Centers for Disease Control and Prevention, National Center for Health Statistics.
 Notes: • Rates are annual average new cases per 100,000 population.
 • *US rate represents 2009-2011 data.

Although fluctuating considerably, the general trend in the RFSAs is downward.

Hepatitis B (Acute) Incidence (Annual Average Cases per 100,000 Population)



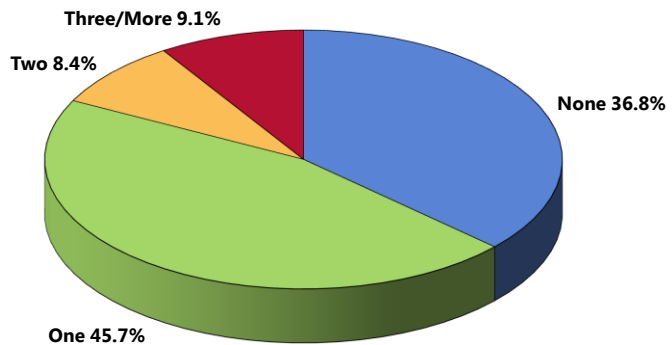
Sources: • Louisiana Department of Health and Hospitals' Office of Public Health.
 • Centers for Disease Control and Prevention, National Center for Health Statistics.
 Notes: • Rates are annual average new cases per 100,000 population.

Safe Sexual Practices

Sexual Partners

Among unmarried RFSAs adults under age 65, the vast majority cites having one (45.7%) or no (36.8%) sexual partners in the past 12 months.

Number of Sexual Partners in Past 12 Months (Among Unmarried Adults 18-64; Rapides Foundation Service Area, 2013)

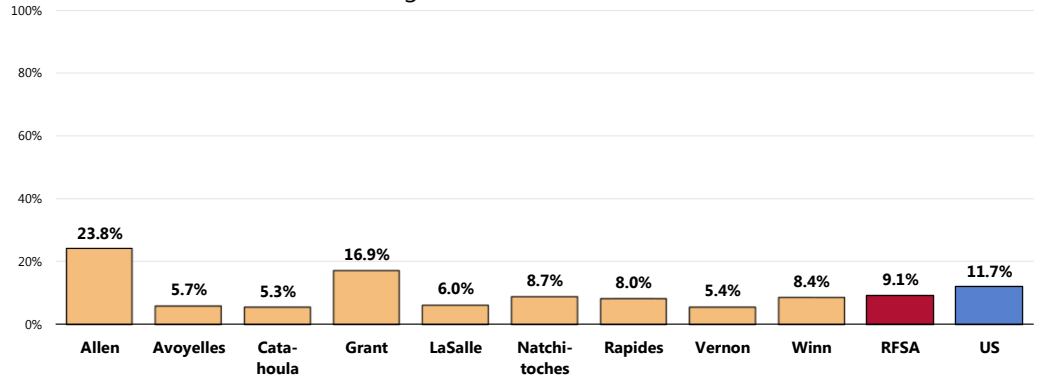


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 89]
 Notes: • Asked of all unmarried respondents under the age of 65.

However, 9.1% report three or more sexual partners in the past year.

- Comparable to that reported nationally.
- Particularly high in Allen and Grant parishes.

Had Three or More Sexual Partners in the Past Year (Among Unmarried Adults 18-64)

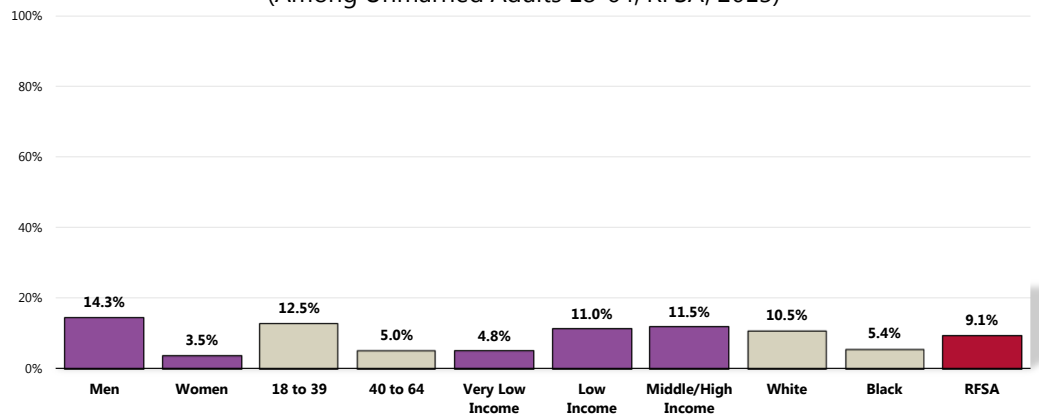


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 89]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all unmarried respondents under the age of 65.

Unmarried adults (under the age of 65) who are more likely to report three or more sexual partners in the past year include:

- Men.
- Residents age 18 to 39.

Had Three or More Sexual Partners in the Past Year (Among Unmarried Adults 18-64; RFSA, 2013)



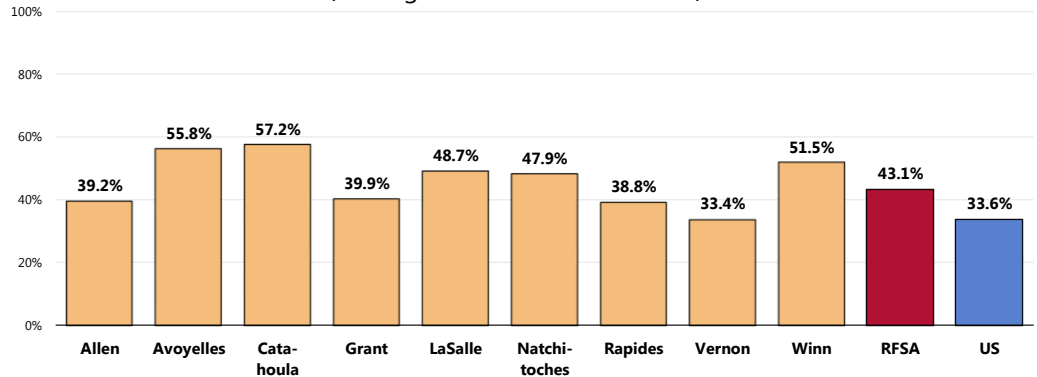
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 89]
 Notes: • Asked of all unmarried respondents under the age of 65.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

Condom Use

Among RFSA adults who are under age 65 and unmarried, 43.1% report that a condom was used during their last sexual intercourse.

- Higher than national findings.
- Highest in Avoyelles and Catahoula parishes; lowest in Vernon Parish.

Condom Was Used During Last Sexual Intercourse (Among Unmarried Adults 18-64)



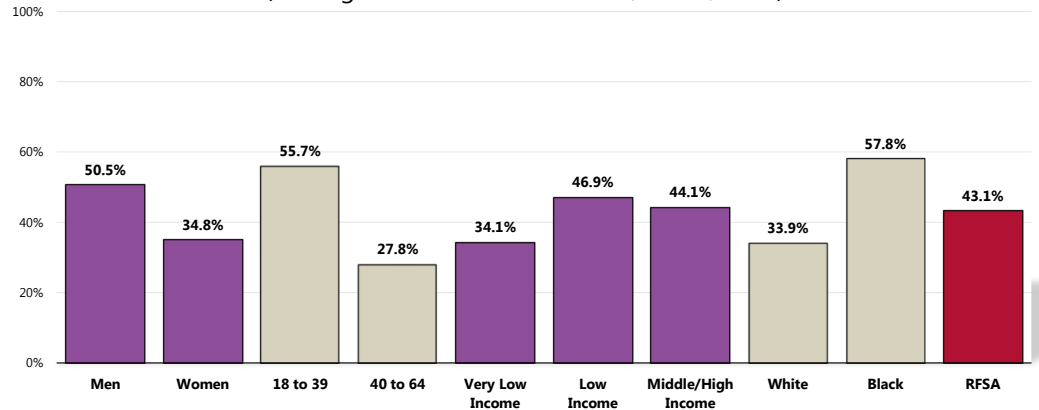
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 90]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all unmarried respondents under the age of 65.

Those less likely to report that a condom was used during their last sexual intercourse include:

- Women.
- Residents age 40 through 64.
- Respondents with very low incomes.
- White residents.

Condom Was Used During Last Sexual Intercourse (Among Unmarried Adults 18-64; RFSA, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 90]

Notes: • Asked of all unmarried respondents under the age of 65.

• Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

Related Focus Group Findings: Sexual Health

Many focus group participants discussed the high rates of sexually transmitted infections and teen pregnancy. The main issues included:

- Sexually transmitted infections (STIs)
- HIV infections
- Prevention messages
- Teen pregnancy rate

Participants worry about the sexual health of many residents in the community. Attendees describe **sexually transmitted infections (STIs)** as widespread in the community, including chlamydia, gonorrhea and HIV. Focus group members agree that youth have misconceptions surrounding sex, so they participate in high-risk behaviors.

“The thing that scares the devil out of us is the completely inaccurate fallacy that goes on that oral sex isn’t really sex that you can’t really get diseases from oral sex and we’re hearing this in the grade schools now. Now we’re hearing it fourth and fifth grade where these kids have been exposed to this or they’re being active in those kinds of activities and there’s such a reluctance I think in this community to have any kind of frank discussion about it because you don’t want to tell them something they don’t know. And my thing is, they’re getting information from somewhere and it’s totally inaccurate.” — Rapides Parish Community Leader/Social Service Representative

Attendees have concern that there has been resurgence in **HIV infection** among young adults, along with an upsurge in AIDS diagnosis within 6 months of initial HIV diagnosis, which means individuals have lived with the disease for many years before getting tested. Focus group participants believe that a reluctance to discuss sexual health, STIs and HIV exists in the community among both physicians and social service agencies. Funding cuts have also affected the number of **prevention messages** and agencies conducting sexual health education. A participant describes the challenges to providing sexual health education:

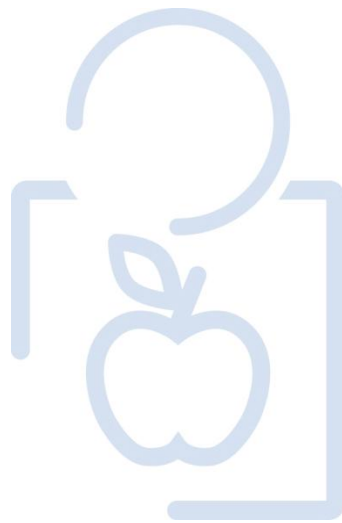
“32 years after we’ve started living with this disease (HIV) what we are seeing is resurgence in our community among young people who are being infected with this disease and schools don’t want to talk about, oftentimes churches don’t want to talk about it, parents aren’t talking about it... We have seen our preventive health funding slashed from \$140,000 to \$47,000. You know it’s pretty hard to pay people and keep doors open and provide services at that level of funding and I don’t really know who else is talking about sexual health in our community.” — Rapides Parish Community Leader/Social Service Representative

Furthermore, the community reports a **high teen pregnancy rate** and limited prevention efforts. Some teenagers who become pregnant obtain Medicaid coverage, but then lose it as soon as the baby is born. If they get pregnant again the coverage returns. This on again-off again insurance coverage is troublesome to key informants.

Teen pregnancy appears to be an accepted reality in the community, and many times the grandmothers end up raising the children. An attendee explains his frustrations surrounding teen pregnancy:

"It's become a socially acceptable phenomenon (teen pregnancy). We have baby showers which are totally absurd, and then we reward them with welfare checks for every baby they have ... And so instead of cutting benefits, we increase their benefits, so they actually get a raise every time they have a baby." — Avoyelles Parish Key Informant

HOUSING

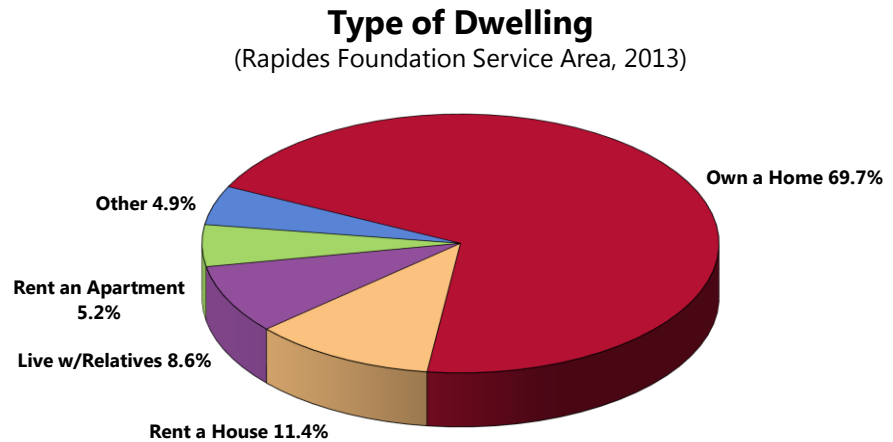


Housing Conditions

Type of Dwelling

The majority of RFSa residents (69.7%) owns their own home, while 16.6% rent a house or apartment.

- Another 8.6% live with family members.

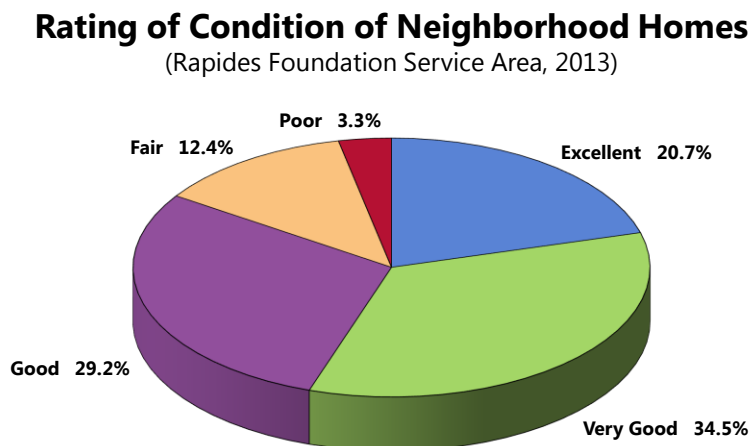


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 129]
Notes: • Asked of all respondents.

Condition of Local Housing

More than one-half (55.2%) of survey respondents consider the condition of homes in their neighborhoods to be "excellent" or "very good."

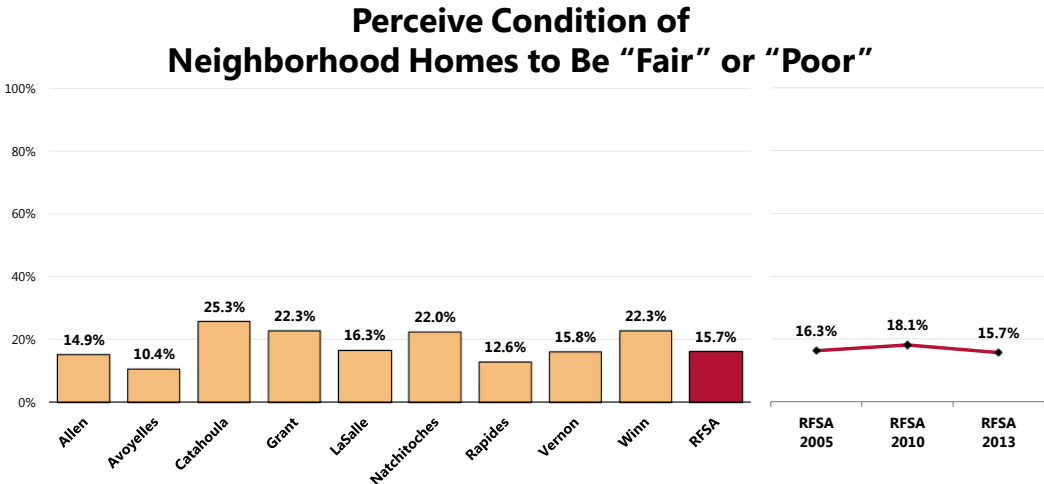
- Another 29.2% gave good ratings.



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 130]
Notes: • Asked of all respondents.

However, 15.7% of RFSA residents consider the condition of homes in their neighborhoods to be only “fair” or “poor.”

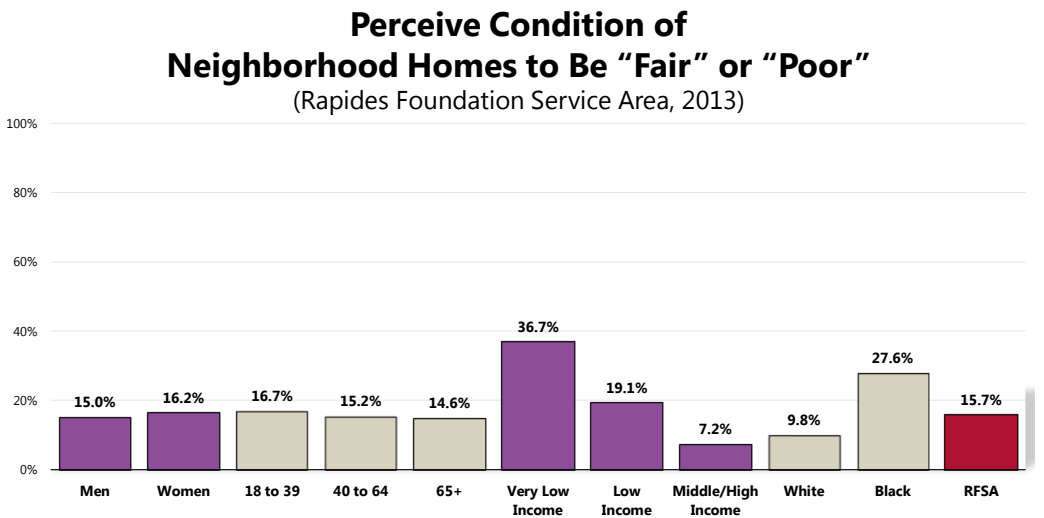
- Highest (least favorable) in Catahoula, Grant, Natchitoches, and Winn parishes; lowest (most favorable) in Avoyelles and Rapides parishes.
- ▣ This indicator remains statistically unchanged since 2005.



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 130]
 Notes: ● Asked of all respondents.

Viewed by demographic segments, those residents more likely to give low ratings of the condition of neighborhood homes include the following:

- 👤 Residents living at lower incomes (note the strong negative correlation).
- 👤 Black residents of the RFSA.



Sources: ● 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 130]
 Notes: ● Asked of all respondents.
 ● Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

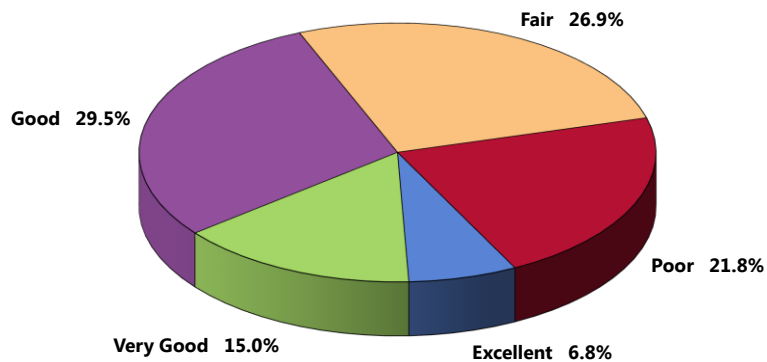
Housing Affordability

Availability of Affordable Housing

When asked to rate the availability of affordable local housing, just over one-fifth (21.8%) of survey respondents gave "excellent" or "very good" opinions.

- Another 29.5% gave "good" ratings.

Rating of the Availability of Affordable Local Housing
(Rapides Foundation Service Area, 2013)

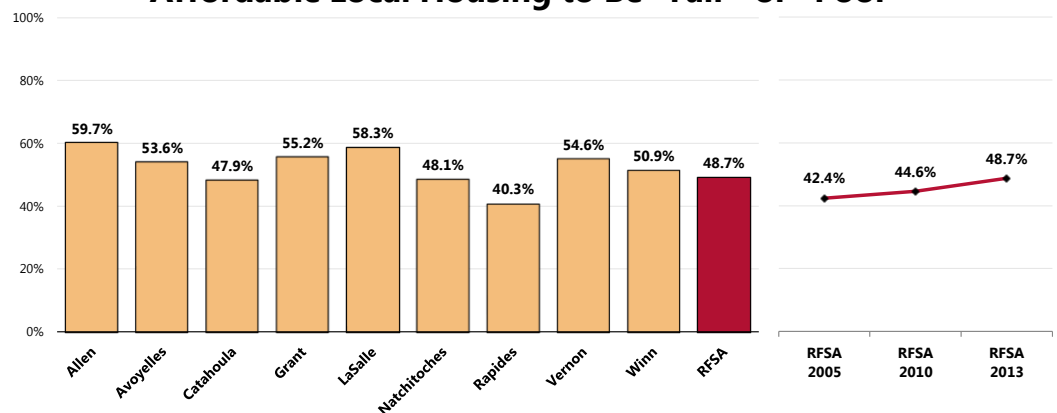


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 127]
Notes: • Asked of all respondents.

However, 48.7% of RFSA residents consider the availability of affordable housing in their areas to be "fair" or "poor."

- This is unfavorably high in Allen, Avoyelles, Grant, LaSalle, and Vernon parishes; Rapides Parish fared most favorably in this regard.
- ▣ Unfavorably, this marks a significant increase in "fair/poor" ratings since this was first measured in 2005.

Perceive the Availability of Affordable Local Housing to Be "Fair" or "Poor"

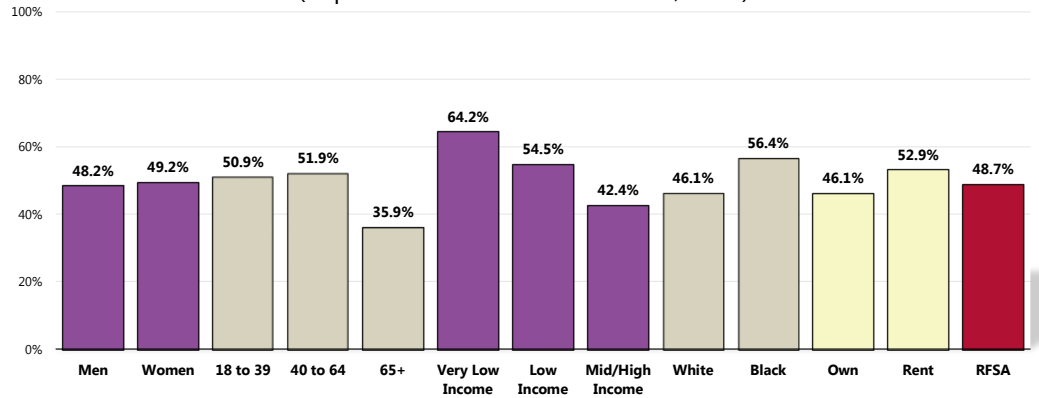


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 127]
Notes: • Asked of all respondents.

Segmented by demographic characteristic, residents more likely to give low ratings of the availability of affordable homes in the community include:

- 👤 Residents under age 65.
- 👤 Low income and very low income residents.
- 👤 Black residents.
- 👤 As might be expected, survey respondents who rent are more likely to give low ratings than those who own their own homes.

Perceive the Availability of Affordable Local Housing to Be "Fair" or "Poor" (Rapides Foundation Service Area, 2013)



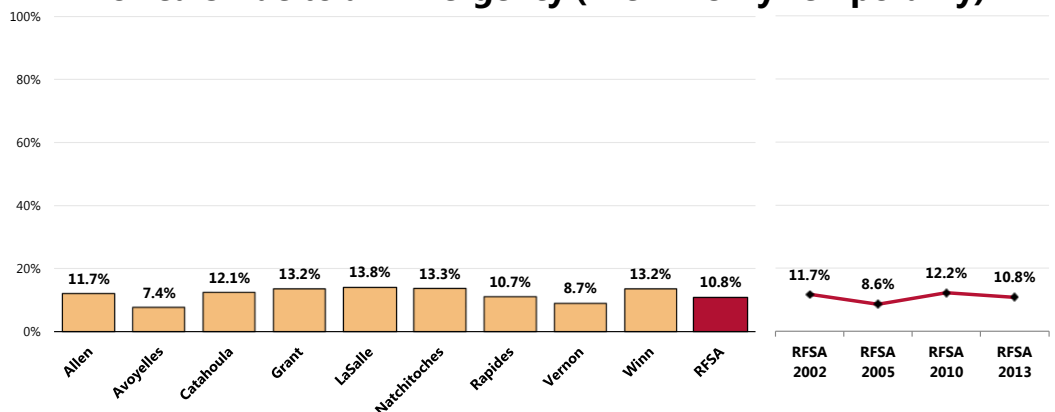
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 127]
 Notes: • Asked of all respondents.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

Housing Displacement

A total of 10.8% of survey respondents report that they have had to go live with a friend or relative at some point in the past two years, even if only temporarily, because of an emergency.

- Favorably low in Avoyelles Parish.
- ☒ Statistically unchanged over time.

Had to Live With a Friend/Relative in the Past Two Years Due to an Emergency (Even if Only Temporarily)

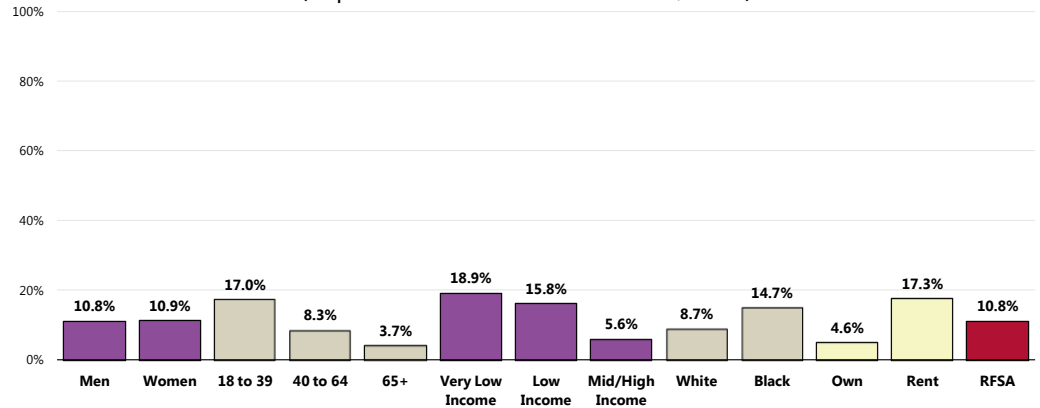


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 128]
 Notes: • Asked of all respondents.

Segmented by demographic characteristic, those more likely to report having to live with a friend or relative in the past two years include:

- 👤 Young adults.
- 👤 Respondents with low or very low incomes.
- 👤 Blacks.
- 👤 Renters (vs. homeowners).

Had to Live With a Friend/Relative in the Past Two Years Due to an Emergency (Even if Only Temporarily) (Rapides Foundation Service Area, 2013)

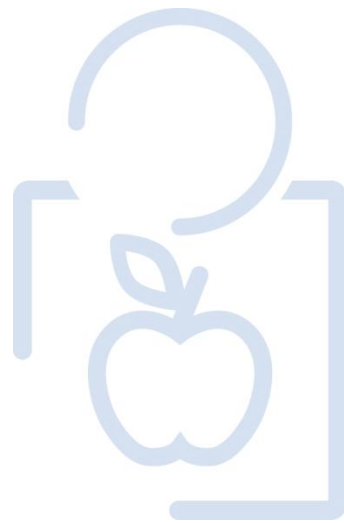


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 128]

Notes: • Asked of all respondents.

• Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

PERCEPTIONS OF TEEN ISSUES



Teen Issues

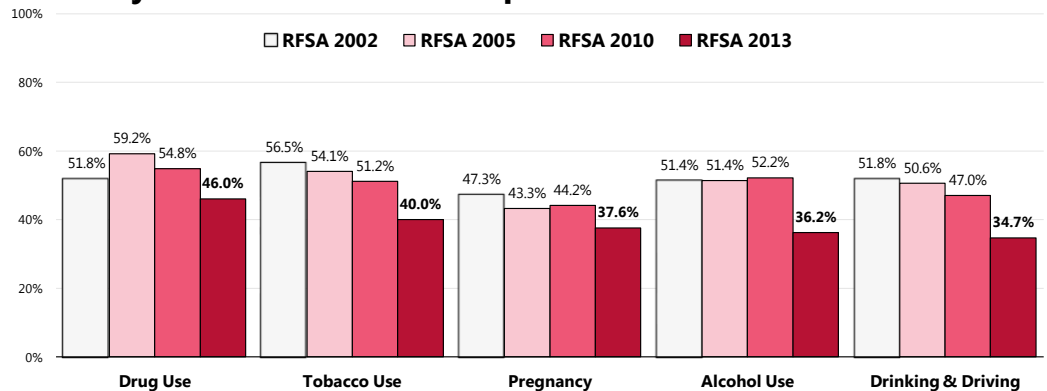
In this instance, survey respondents were presented with five issues facing teenagers and asked to rate each as a "major problem," "moderate problem," "minor problem" or "no problem at all" in their own community.

Issues Perceived by Residents as "Major Problems" for Teens

Of five tested issues, teenage **drug use** and **tobacco use** are viewed by surveyed adults as the biggest concerns facing teens in the RFSA (40% or more of survey respondents rate these as "major problems" for teens in their own community).

Note that evaluations of **each** issue have decreased significantly since 2002 (meaning that fewer residents now consider each to be a "major problem").

Teen Issues Perceived As "Major" Problems in the Rapides Foundation Service Area



Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 122-126]
Notes: Asked of all respondents.

Issues Identified by Youth in Focus Group Findings

Adolescents participating in the youth focus group identified the following as areas of most concern for youth in Central Louisiana:

- Drugs & alcohol (*identified as the #1 concern in a ranking exercise*)
- Poor eating habits (*ranked as #2*)
- Physical activity (*ranked as #3*)
- Bullying (*ranked as #4*)
- Smoking and chewing tobacco (*ranked as #5*)

Participants in the youth focus group think that the community does not have a lot to offer in terms of culture, or entertainment. The available options, like movie theatres, are expensive. This downtime, peer pressure and modeling older sibling behaviors contribute to the number of teenagers who use **illegal drugs or alcohol**. Drug and alcohol use begins as early as middle school. The attendees describe marijuana use as common. However, other youth describe the fear of getting in trouble a factor in not using illegal substances.

The youth key informants also agree that the current drug prevention education does not work. The attendees do not feel that the teachers connect with them and would like to have education conducted by younger people who they can relate with.

The youth key informants express concern about the health of their generation. Participants believe that their peers possess **poor eating habits**. The youth attendees describe a limited number of healthy options in the community and most school “health food” as unappetizing. In addition, the majority of attendees describe non-nutritious options at home. Youth feel that many of their peers do not eat school lunch and then binge on unhealthy fast food after school gets over.

The participants want to see more restaurants in the community and believe that if the “bad options” were removed the situation may improve.

“Add more good places, like she said, but also take away some bad places. Because if people have the option to go to McDonalds or Subway and get a veggie sandwich, I mean they’re going to choose McDonalds. So if you could take away some of the bad stuff, it’d be like they had to choose the good stuff.” — Youth Focus Group Participant

The youth also stress that young people who are trying to lose weight do it because of low self-esteem or a poor self-image.

Participants also believe that **physical activity** levels could improve. Many youth enjoy physical education (PE) class because it allows them to let off energy and get a break from the classroom. The youth feel that PE should be mandatory, but offer a variety of activities and introduce the students to different sports. Youth also would like the parishes to have local recreation centers for adolescents who are not part of the sport teams.

Youth key informants also have concern about the amount of **bullying** that occurs amongst their age group. Participants describe that these actions impact a young person’s emotional wellbeing. Attendees do not think that the school knows how to deal with bullying, as evidenced by the school’s lack of involvement when an issue arises:

“The problem with schools is that they always say don’t bully people, but somebody came to the principal at ASH (Alexandria Senior High). They told him they were being bullied. The principal didn’t do anything about it until they started fighting. So I think they should do something when they are told.” — Youth Focus Group Participant

“It doesn’t do anything when you go to a counselor. They’re like, ‘Oh, you’ll be okay,’ and this and that, and it never really works out at the end.” — Youth Focus Group Participant

Participants agree that if a friend told them they were thinking of hurting themselves, they would not tell anyone because “then they’ll definitely do it.” The attendees knew of a teen suicide line, but did not think that medium would be helpful, as a one participant explains:

“There is a teen suicide line. But I mean you don’t really hear about it around here. It’s like on some sites that you see, like Twitter. It’s something that you see it, but you don’t think it really does anything. Like how’s a random person on the phone going to help, if you can’t see anybody in person?” — Youth Focus Group Participant

Smoking cigarettes and chewing tobacco are also seen as an issue for adolescents in the community. Tobacco use also begins through introductions from older siblings, or peers. Attendees describe that they see their teachers outside smoking and these are the same people who tell them not to smoke and describe the harmful effects. Youth believe that the number of young people smoking has increased.

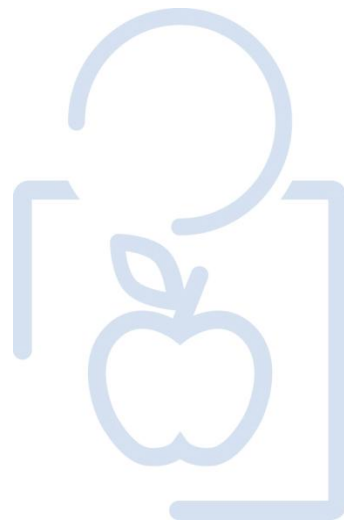
"Because it's more common now. Like it's just not like something that's forbidden, I guess. Like it's normal. More people are starting to accept it, so I think it's just become the usual for certain people." — Youth Focus Group Participant

The rural culture also encourages chewing tobacco.

"I live in the country so that's how it is. It makes you cool around there if you do." — Youth Focus Group Participant

The youth participants feel that the best ways to begin conversations with their generation include utilizing small groups led by a trusted adult (preferably someone under thirty years of age). These intimate groups if done well can create a family style atmosphere. Several youth describe their church groups as this type of group. The participants caution against relying too much on technology, like Facebook or Twitter, because young people use those avenues for fun, not to educate themselves.

OTHER ISSUES



Collaboration

Related Focus Group Findings

Participants spent time discussing the varying levels of collaboration occurring in the community between non-profit organizations, schools, healthcare providers and hospitals. The issues surrounding collaboration were:

- Varying opinions on the level of collaboration
- Improve communication
- Fragmented communities
- Resource guide

Attendees had **varying opinions on the level of collaboration** occurring in the community. Some participants spoke about the excellent coordination occurring between non-profit organizations and the larger healthcare system in Rapides Parish. Participants agree that many coalitions operate throughout the region to improve the health of the residents, and The Rapides Foundation helps to foster the collaborative process. In Rapides Parish, a new CEO collaboration exists to inform all agencies about what is happening in the community and to decrease frustrations on all sides. Collaboration is one of the area's strengths, especially in times of crisis:

"In the mental health world, when VOA took all their cuts we all knew. I mean we knew there was trouble. People were looking, 'How do we help out? And what are the things there that she has to drop that somebody else might be able to pick up?' And that type of thing." — Rapides Parish Community Leader/Social Service Representative

In Winn Parish due to the small size of the community, everyone knows what others are doing and collaboration occurs regardless of the original intent. The Winn Parish Medical Center also works closely with the community health center.

In Natchitoches Parish organizations realize they need to work together to solve the problems facing the community. The Chamber of Commerce has done a good job of bringing people together and the Children and Youth Planning Board was recently formed (2012). However, key informants recognize that it may take several years of working together before real change is seen:

"We've got to take baby steps before we get there because any time I've seen where a community has turned it around, it took a five to ten-year process to do it. And that's what we all do. We get impatient. We want to meet and within one or two years, we want results. You've just got to say where are we going to be next year at this time, three to five years, and ten years? Where do we want to be in this community? And I think some people are taking that approach and looking at it from that area. So I think it's a lot better than what it used to be and we've got still a lot of work to do but I think things are happening now." — Natchitoches Parish Key Informant

Other participants agree that organizations collaborate to some degree, but that this remains an area in need of improvement. Many local organizations operate under enormous time and financial pressures, limiting their capacity for collaboration.

Attendees worry that agencies continue to reinvent the wheel and still do not reach their target populations. Other participants agree that **communication needs to improve** among agencies, and that organizations operate in silos and compete for residents. The competition remains a double-edged sword, with duplication of services inevitably occurring. A participant explains:

"I think there is competition, maybe healthy, from the hospitals ... I think the market allows and provides competition, some which means there's a duplication of services, some of which means there's no services and none of them are going to pick it up." — Community Health Needs Assessment Advisory Committee Member

Several different parish representatives agree that coordination can improve and feel that the parishes are **fragmented**. Participants also believe that agencies and hospitals need to communicate more effectively about the available resources, but they struggle with funding constraints. Attendees think that the United Way **resource guide** needs to be accessible via the Internet. Members agree that the resource guide represents a critical link between community members and the organizations operating in the area, increasing awareness and also facilitating coordination.

Focus group participants in Allen Parish think that within the parish each community does positive things, but not working together. Catahoula Parish key informants do not believe that collaboration occurs in the community at all because no one even communicates. Resources are not well known and racial tensions still exist. Attendees want to change the "we against them" attitude and build connections among community members through community forums.

"But then there is also a lot of division within the community where people do not get along. And really there is a line, whether you want to talk about it or not. That people may be nice to you face to face but yet when it comes time, push comes to shove to help or figure out a solution, it's like dead air. Nothing really gets going. And that's kind of a frustration." — Catahoula Parish Key Informant

Attendees in LaSalle Parish agree that a geographic divide exists and intense competition exists between the two segments of the population:

"One issue we have is we have the north end and we have the central and south end of the parish. The north end of the parish – they're their own deal. We have our own deal. Not much cooperation. In fact, there's zero cooperation. You probably could call it competition." — LaSalle Parish Key Informant

"Everything in the parish is broken down on the south and the north. You have a high school down here; you have a high school up there. You have a summer program up there; you have a summer program down here. And, I remember one year I had an all-star team comprised of both the north side and the south side. And, the kids on the north side didn't throw to the kids on the south side, and vice versa after about three days of practice. It's that intense." — LaSalle Parish Key Informant

A Blue Cross/Blue Shield grant – Live Lively LaSalle – brings together 10 agencies throughout the parish and parish mayors are working together for the first time; however, attendees feel that it will take much effort for the current mentality to change.

Older Adults

Related Focus Group Findings

Many focus group participants discussed the limited number of services available to senior citizens, with emphasis on the following:

- Limited number of resources available to seniors
- Travel for care
- Need more assisted living facilities
- Seniors reluctance to ask for help

Participants believe that many communities have an aging population. Participants worry about the health of senior citizens living in the region, with only a **limited number of resources available to seniors** and services vary dependent on parish. Overall, the aging population is underserved, with few exceptions, and many geriatric residents have to **travel for specialty care services**. This travel can take several hours to a whole day and is often difficult for the resident.

"They cannot wait long hours like sometimes they have to. Our hours of operation with the transit company were 7:00 to 4:00 but we have two shifts now. We have one that works 7:00 to about 2:00 and then some that come on at 12:00 because those people had to wait a long time. And they won't go back. They'll try to take care of themselves rather than go back and wait that length of time. It kind of snowballs. We have brought dialysis patients home as late as 9:00 at night and that's terrible for a fragile person." — Allen Parish Key Informant

LaSalle Parish has several resources for seniors, including the Council on Aging, Meals on Wheels, two nursing homes and a Senior Citizen Center. However, most parishes do not have these services. Several attendees believe that an adequate number of nursing homes are accessible, but not enough **assisted living facilities** exist in every parish and current facilities have long wait lists.

Many seniors have multiple healthcare needs, but do not know about the available services and are **reluctant to ask for assistance**. Participants agree that senior citizens will listen to physicians and nurses, but many times do not want to admit that a problem exists. Seniors may also be overwhelmed with the new technology.

"A lot of them are overwhelmed by today's technology and so much of the help for these people they will say, 'Well, just look it up on the Internet.' Well, a farmer and his wife live 25 miles out of town and have taken care of themselves all of their lives do not know. They don't have a computer and they're not going to ask anyone because they're not going to tell anyone that they can't use one." — Allen Parish Key Informant

Grant Parish participants mentioned that the sheriff's department puts on a fish fry to educate senior citizens in October each year. A law enforcement representative welcomes agencies to come and speak at the event and describes the day's events:

"We'll have entertainment for them and door prizes and feed them some food. We also have the local pharmacist who will come and speak to them. Kind of some preventive maintenance I suppose, to give them some ideas on medication, how to be careful with medication. Not to overmedicate themselves, you know ... if I take one pill for my blood pressure, well, it's really high today; two's got to be better.' And things happen. And I mean this really, this happens every day." — Grant Parish Key Informant

Quality of Life

Related Focus Group Findings

Many focus group participants discussed the quality of life in the parishes and the factors that contribute to it, including:

- Mixed reviews about the quality of life
- Poverty
- Lack cultural and entertainment opportunities, or outdoor recreation
- “Brain Drain”
- Employment options
- Economic development

Focus group attendees had **mixed reviews about the quality of life** in Central Louisiana. In general, the attendees enjoy living in their respective parishes, but do not feel that the quality of life is high. Overall, a high number of residents live in **poverty** and single parent families are prevalent. Lots of young people also do not graduate high school.

Key informants describe that the **parishes do not have a lot to offer in cultural or entertainment opportunities, or outdoor recreation**. Nothing is available to attract or retain the younger population.

“I think that’s why we’re losing the younger kids. There’s nothing to attract them or to – kind of getting back to the physician perspective – nothing to retain them. You know, they’re looking for activities. And I’ve got a 23-year-old and a soon to be 18-year-old, and I know what they look for in life and what they want to do, and it’s not hanging out on the back porch or on the front porch and visit with neighbors. They’re constantly looking for something to do, and there’s just not that opportunity here. If you like to hunt and fish, it’s a great place to be. But if you like malls and shopping and movies and whatnot, you’re not going to attract those people.” — Winn Parish Key Informant

This is reinforced by what attendees describe as the **“brain drain,”** or the fact that many intelligent, ambitious young people leave the community after high school graduation:

“I look at it this way, B.R. Winnfield kindergarten school has 200 children or 220 children in that school every year that start in kindergarten, and we only graduate 80 to 85 at Winnfield Senior High School. We’re left with that 120, 125 kids that dropped out of school. They don’t go anywhere. Of the 85 that graduate, probably 50 of them go to college and get a degree and they move off somewhere else. So the kids we’re left with are the ones that dropped out of school and the ones that didn’t seek to go to college.” — Winn Parish Key Informant

“I know several people who have left Natchitoches, because the resources, the brain power in Natchitoches is amazing but they’re not in Natchitoches. They’re in Los Angeles. They’re in Dallas. They’re in Houston. They’re in Chicago. They’re in Washington. They’re everywhere else building up those communities because people, when you graduate, whether it’s high school or NSU, they tell you, ‘Leave.’” — Natchitoches Parish Key Informant

Education, oil well production, cotton, and timber represent the main industries in the parishes. In Catahoula Parish, the working conditions at the cotton gins are dangerous but there are jobs available. For those residents who do want to return to Central Louisiana, locating a job that requires a college degree can prove difficult. In general, the **employment options** in the parishes are discouraging for residents. Participants worry that the lack of good paying employment options for both adults and young people leads residents to participate in illegal activities like selling, transporting, or using drugs.

Other employers struggle to open businesses in the parishes because the non-educated workforce does not have the appropriate skills or cannot pass a drug test. Vernon Parish organizations need employees, but struggle to locate local applicants. Several participants describe that apathy toward employment exists within the communities:

"The culture is that you're cooler if you don't work and just use drugs and smoke. As I said, it's terrible how much we have problems staffing. It cost us a lot of money because we train people and then sometimes they have to move, so we lost all the money we spent on their training...There are jobs that even in my medical clinic, we need nurse aide. We need receptionist. We cannot find good people to work at the medical office. We simply cannot. We train them on the job. They don't need any background training except just maybe show up for work." — Vernon Parish Key Informant

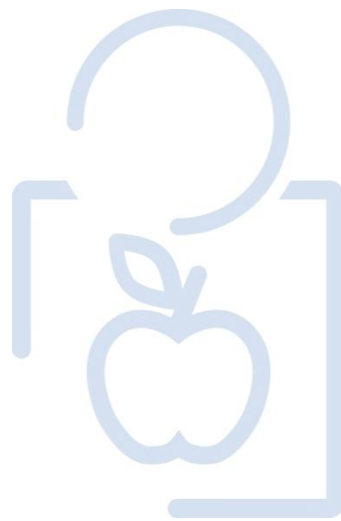
"Vernon Home Health wanted to hire a physical therapist. It took forever. I think they got somebody from Alexandria. I mean why not from here? Where are the people here? I keep asking, 'Where are the people who want to work?'" — Vernon Parish Key Informant

Winn, Natchitoches and Vernon Parish key informants did describe efforts to improve **economic development** through parish-wide Economic Development Councils.

On the other end of the quality of life spectrum sits LaSalle Parish; its key informants feel that their parish has a great quality of life for community members. Participants describe the community as having a great educational system and as a very safe area, a community where "everyone knows your name" and looks out for one another:

"When my son was a teenager, and I would walk into the sheriff's office on Monday morning and the deputies would tell me where he'd been all weekend. I'd say something to him, 'What were you doing over at the telephone booth there next to the church? Who were you calling at 10:00 Saturday night?' 'How did you know about that?' It used to drive him crazy." — LaSalle Parish Key Informant

DEMOGRAPHIC PROFILE

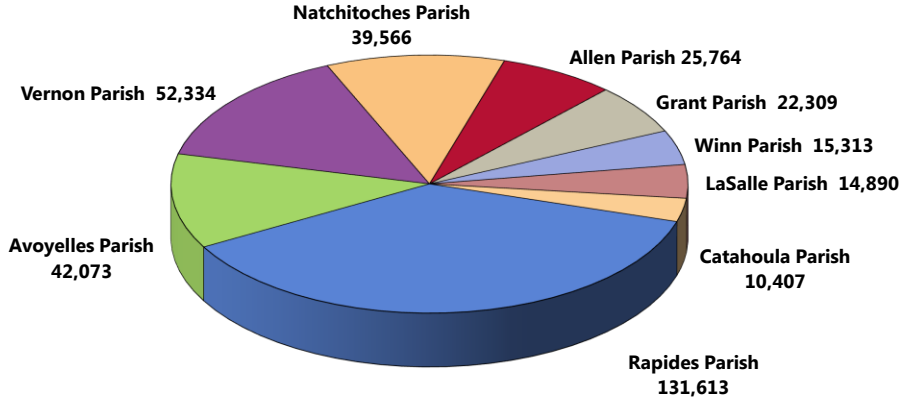


Population

The 2010 census population for the nine-parish Rapides Foundation Service Area was 354,269 residents. The following chart illustrates the individual parish population figures, equivalent to the following proportions:

- Rapides Parish (37.2% of the RFSA population)
- Vernon Parish (14.8%)
- Avoyelles Parish (11.9%)
- Natchitoches Parish (11.2%)
- Allen Parish (7.3%)
- Grant Parish (6.3%)
- Winn Parish (4.3%)
- LaSalle Parish (4.2%)
- Catahoula Parish (2.9%)

Population Distribution of The Rapides Foundation Service Area
(2010 Population)



Sources: • U.S. Census Bureau, Profile of General Population and Housing Characteristics: 2010. 2010 Census Summary File 1.

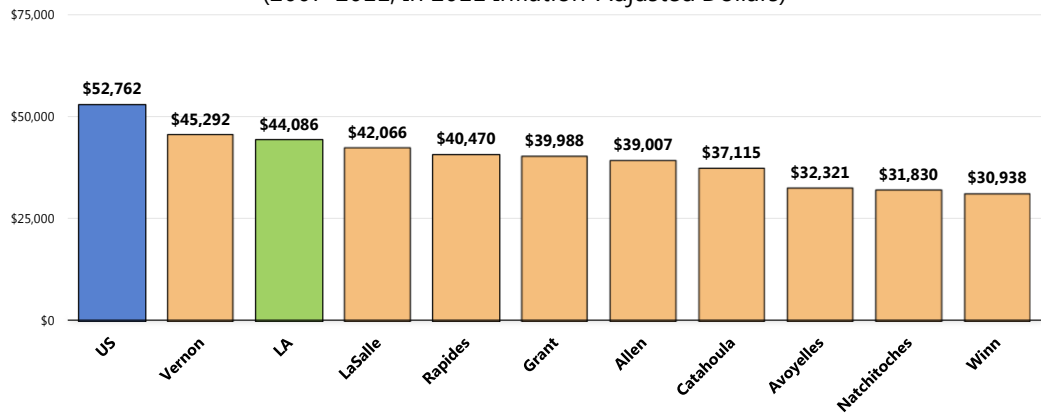
Income

Median incomes in the RFSA (in 2011 inflation-adjusted dollars) range from a low of \$30,938 in Winn Parish to a high of \$45,292 in Vernon Parish.

- However, note that these are substantially below the US median income of \$52,762.
- Only Vernon Parish has a median income above the state median.

Median Income in the Past 12 Months

(2007-2011; In 2011 Inflation-Adjusted Dollars)



Sources: • U.S. Census Bureau, 2007-2011 American Community Survey. 5-Year Estimates.

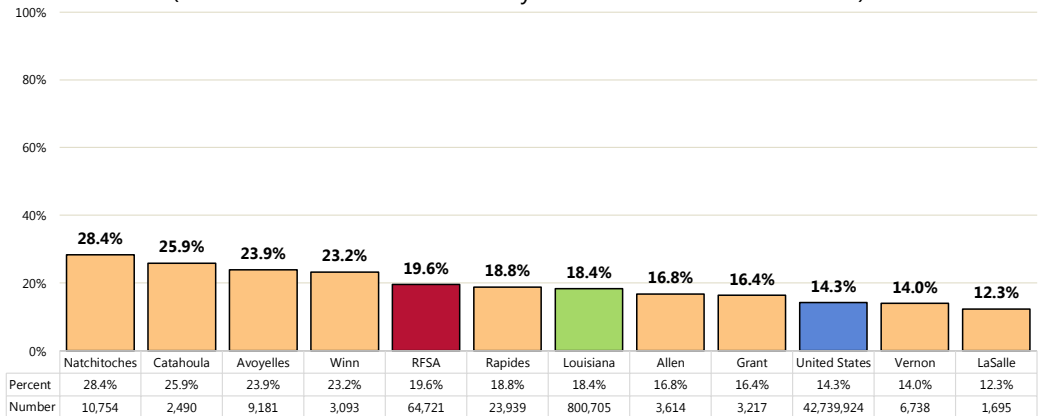
Note the following breakout of 2007-2011 estimates of poverty status.

Nearly one out of five RFSA residents (19.6%) lives below the federal poverty level.

- This is considerably higher than found nationally.
- Over 25% of Catahoula and Natchitoches parish residents fall below the poverty line.

Percent/Number of Total Population Living Below Poverty Level

(2007-2011 Estimates of Poverty Status in the Past 12 Months)



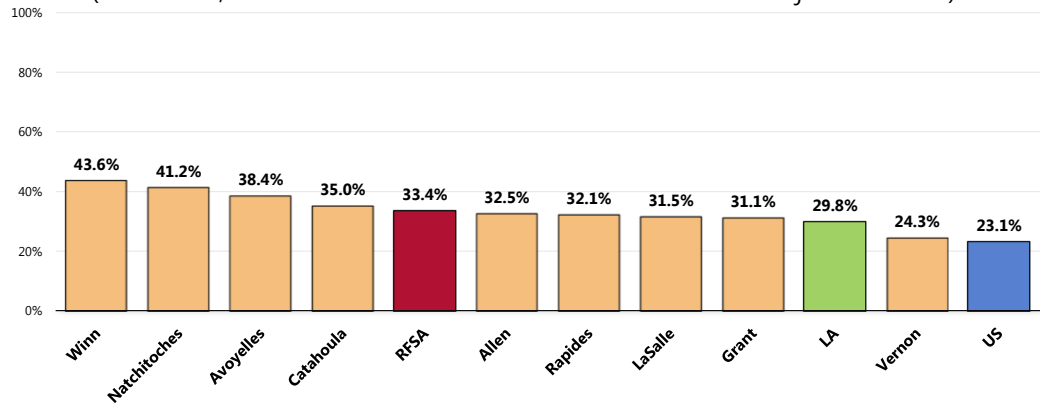
Sources: • U.S. Census Bureau, 2007-2011 American Community Survey. 5-Year Estimates.

In all, one in three RFSA households (33.4%) have annual incomes below \$25,000.

- Highest (least favorable) in Winn, Natchitoches, Avoyelles and Catahoula parishes; lowest (most favorable) in Vernon Parish.
- The estimated US proportion of households with annual incomes below \$25,000 (23.1%) is lower than found for any of the service area parishes.

Percentage of Households With Annual Incomes Below \$25,000

(2007-2011; Income in the Past 12 Months in 2011 Inflation-Adjusted Dollars)



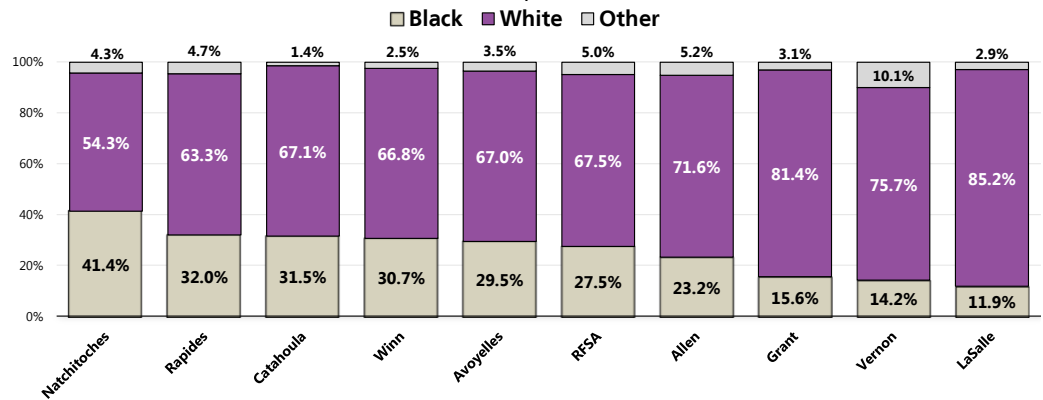
Sources: ● U.S. Census Bureau, 2007-2011 American Community Survey. 5-Year Estimates.

Race

A total of 67.5% of the RFSA population is White, while 27.5% is Black/African American, and 5.0% is other races.

- Note that Natchitoches, Rapides, Catahoula, Winn and Avoyelles parishes have somewhat higher Black populations (over 29%), in comparison with other parishes in the service area.

Racial Distribution of the Population (2010 Population)



Sources: • U.S. Census Bureau, Profile of General Population and Housing Characteristics: 2010. 2010 Census Summary File 1.
 Notes: • Race includes Hispanics who also identify with a race category (White, Black, Other).
 • "Other" includes those reporting multiple races, as well as races other than White or Black/African American.

Age

In the RFSA, 13.1% of the population is under the age of 20 years. Another 31.5% of residents are 20 to 39, and 27.4% are between 40 and 64 years of age.

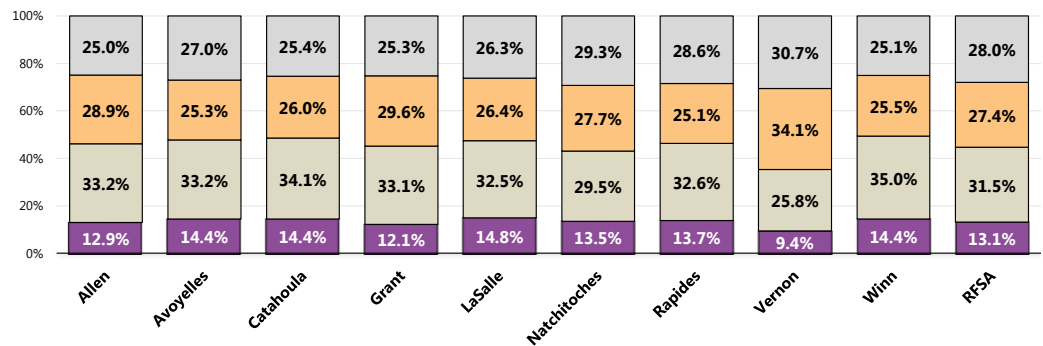
A total of 28.0% of the RFSA population is age 65 or older.

- Vernon Parish has the highest proportion of young adults, and the lowest proportion of seniors age 65 or older.

Age Distribution of the Population

(2010 Population)

■ 65+ ■ 40 to 64 ■ 20 to 39 ■ 0 to 19



Sources: • U.S. Census Bureau, Profile of General Population and Housing Characteristics: 2010. 2010 Census Summary File 1.